Therapeutic Art-making and Art Therapy: Similarities and Differences and a Resulting Framework

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Therapeutic Art-making and Art Therapy: Similarities and Differences and a Resulting Framework

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Abstract

The distinction between therapeutic art making and art therapy practice is unclear in the current literature. Clarification is needed due to the confusion surrounding the similarities and differences between the two practices. A literature review designed in the pragmatic paradigm and an instrumental case study were conducted in order to gain a better understanding of the distinctions between therapeutic art making and art therapy, and resulted in a suggested expanded definition of art therapy, a proposed definition of therapeutic art making, and a framework for conducting therapeutic art making experiences. The expanded definition of art therapy includes a variety of frameworks and approaches practiced by trained art therapists utilizing specific therapeutic goals. Therapeutic art making is a collaborative and transformative experience that is not based in the process of therapy and utilizes goals addressing the broader effect art making may have on participants. The framework includes essential and preferred elements in therapeutic art making experiences, which were based on the data collected and Kapitan's (2010) structure of program evaluation and development. The framework can be used to evaluate existing projects or to develop new projects.

Dedication

I would like to dedicate this work to my fellow classmates in the Masters of Art Therapy program for providing me with their support, advisement, and wisdom throughout this process. I would also like to dedicate this work to my committee members Juliet King, Eileen Misluk, and Michelle Itczak for their dedication to and passion for higher education.

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CHAPTER I

INTRODUCTION

Background

Community projects that incorporate the use of therapeutic art making with the veteran population are becoming more popular in today's culture. Combat Paper Project, Peace Papers, the Veterans Book Project, the Joe Bonham Project, and the Veteran Artists Program work towards integrating the experiences of a community in response to war using artistic mediums as a method of connecting to self and other. A primary overarching theme of these projects is to invite community members together to share in a common, transformative, and creative experience (Combat Paper Project, n.d.; Hailer, 2010; Joe Bonham Project, n.d.; Peace Paper Project, n.d.; VAP Veteran Artist Program, 2014).

Therapeutic art making can provide a nonthreatening medium for expressing complex ideas and feelings that may be too complicated to identify in words (Glaister, 1994). Coming together as a community and defining the experience as a collective language proves to be a difficult task, where words may fall short and provide more separation than integration. According to the philosophies of the Combat Paper Project, it is crucial for a new language to be developed in order to express the magnitude and variety of the collective effect that warfare has on society (Combat Paper Project, n.d.). In community-based projects such as the Combat Paper Project, therapeutic art making is a modality for creating this new language.

Differences exist between therapeutic art making and art therapy treatment and intervention (Slayton, D'Archer & Kaplan, 2010; Glaister, 1994; Pederson, 2012;

AATA,2013). Evidence of research on the efficacy of art therapy as an intervention for complex traumas, brain injuries, the effects of war, and various other mental health issues currently exists, but this research is scarce in comparison to research on other psychological interventions, treatments, and philosophies. Research in the field of art therapy has been emphasized more in the 21st century, however there is still much to be discovered. Art therapy interventions can be systematically evaluated based on research criteria including assessing the impact of art therapy on a measurable outcome, utilizing art therapy as a measure distinct and separate from other treatments, and indicating that best practice includes interventions that are facilitated by a trained art therapist. Through this filtering of criteria, it has been shown that art therapy is an effective intervention in multiple treatment areas (Slayton, D'Archer & Kaplan, 2010).

Purpose

Developing an evaluative tool for therapeutic art-making experiences would serve as a platform for identifying the effective elements involved in the process of therapeutic art-making experiences. This will also help to enhance the understanding of art therapy as a profession, as the distinction between what therapeutic art making is and what art therapy is will be clearly defined, allowing for improved clarity that will likely inform practice. In the research that has been done so far, there is no found evaluative tool to measure the effectiveness of therapeutic art making. It can also be understood that a systematic approach of measuring the effectiveness of therapeutic art-making projects will differ from the evaluations of art therapy interventions. Therefore, it is important to define therapeutic art-making experiences as a first step in identifying the effective aspects of these projects. There is a need for objective clarification of what therapeutic art making is

before there can be a possibility of exploring effectiveness research. The development of the proposed conceptual framework will clarify what therapeutic art making is, while also serving as the beginnings of the evaluative tools needed to explore effectiveness in therapeutic art making. The framework will also inform the profession of art therapy, as the distinctions between the practice of art therapy and therapeutic art will be more clearly identified, which will contribute to an expanded definition of what art therapy is and how it is practiced.

Research Objective

This research proposes to define therapeutic art experiences as delineated from art therapy philosophies and interventions, which provides clarification and further definition for the field of art therapy. It will gather data via a case study and literature review that seeks to develop a conceptual framework that might enhance therapeutic art making. It will support a framework for understanding and applying therapeutic art experiences through the perspective of an art therapy researcher. This research will benefit both therapeutic art making projects and the field of art therapy by attempting to present clear boundaries between the two. It will also allow for the work being done in art therapy to expand in a more clearly defined way that might inform effective practice. The conceptual framework will also potentially enhance healing efforts of other clinicians if it is used to develop new methods or programs.

The methodology of this research is based on personal accessibility to a Combat Paper Project workshop and to the facilitator, Drew Cameron. This opportunity allows for the workshop to become a template for observing and identifying the effective qualities of therapeutic art making within this context. The workshop presents an opportunity to

inform this research through an instrumental case study design of data collection. Through the integration of this data and the development of a conceptual framework, it may be possible to analyze the distinctive qualities of therapeutic art making compared to art therapy in a way that will allow for definitions and clarifications of each. Such a framework may also enhance therapeutic art experiences for participants while also providing an expanded and more clearly defined practice for the field of art therapy.

Definitions

Elements of therapeutic art- According to the research, therapeutic art can include the following criteria: providing a glimpse into the world of the artist; providing nonthreatening media for exposing content too complicated to fit into words; gaining a sense of accomplishment and empowerment; providing a medium for discussion, teaching, and understanding; a basic stable setup; selection and organization of content; transformation of material; contribution to social narratives; and personal catharsis (Glaister, 1994; Pederson, 2012; Mascarenhas, 2014).

Therapy- The definition of therapy for the purposes of this research can be understood as a process that takes place within the relationship between a therapist and client and involves the role of the therapist, the role of the client, and the work being done. The therapeutic work involves three dimensions, which are feelings, thoughts, and behaviors. The therapeutic work is defined by goals, which are specifically defined and linked to a therapeutic outcome (Corey, 2009).

Art therapy- Art therapy is a mental health profession in which art media, the creative process, and the resulting artwork are utilized to explore feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem (AATA, 2013).

Art therapist- Professional entry into the art therapy field requires a master's degree in art therapy, the credentials of which are provided through the Art Therapy Credentials Board (ATCB). Art therapists must also complete a set number of practicum, internship, and supervised work hours. Art therapists must practice with an understanding

of the current standards, procedures, and ethics set by the AATA and approved through the ATCB. More information about the requirements of education and credentialing involved in the art therapy profession can be found on the AATA website (AATA, 2013).

The Combat Paper Project- The Combat Paper Project is a community-based art-making experience, which expresses the magnitude and variety of the collective effect of war on the community through a hand papermaking process (Combat Paper Project, n.d.).

Efficacy- Efficacy examines whether treatments produce desired outcomes under controlled, optimum conditions, which isolate the treatment effect. This can include control or placebo conditions, randomization, standardized treatment protocols, and homogenous samples. Efficacy answers the question of "can it work" (Flay & Phil, 1986; Kapitan, 2009; Wells, 1999).

Effectiveness- Effectiveness examines whether treatments produce desired outcomes under conditions approximating usual care, when delivered under real world conditions. This includes the feasibility of treatment settings, application, and representative patients and providers. Effectiveness answers the question of "does it work" (Flay & Phil, 1986; Kapitan, 2009; Wells, 1999).

Program development & evaluation- Program development and evaluation include structures, processes, and results. Structures consist of the physical environment, available resources, and equipment. Processes consist of demographics, referrals, treatments, assessments, and communication. Results include patient satisfaction, symptom management, or other outcomes (Kapitan, 2010). (See Table 1)

Table 1
Kapitan's (2010) Program Development and Evaluation Outline

Structures	**Processes**	**Results**
Physical environment	Demographics	Patient satisfaction
Available resources	Referrals	Symptom management
Equipment	Treatments	Other outcomes
	Assessments	
	Communication	

CHAPTER II

METHODS

Design

There were two methodological approaches utilized for this research. Both an instrumental case study and a literature review designed in the pragmatic paradigm were used (Mertens, 2010). This methodological approach was utilized in order to gather data collected from participants using surveys, an interview questionnaire with the program facilitator, and relevant literature. The survey and interview questionnaire were designed using a mixed methods simple descriptive approach (Mertens, 2010).

This design was chosen in order to evaluate the most accessible group, in combination with the most relevant literature, with the intention of achieving generalizability (Mertens, 2010). Evaluating the Combat Paper Project workshop and the relevant literature allowed insight into the process of therapeutic art making within the community.

Participants

The participants in this study were a group of community members involved in the Combat Paper Project workshop, as well as the facilitator. The subjects were participants in the Combat Paper Project workshop that took place at an art school within a large metropolitan collegiate university in the Midwest, and who elected to complete the survey. The project facilitator was also interviewed.

Sixty participant surveys were provided during The Combat Paper Workshop. The number of participants that were expected to attend the workshop was no more than 50. The number of expected completed survey responses was 30-40. This sample size is

supported by Borg & Gall (1989) who recommend 20-50 participants when administering a survey to minor subgroups.

Data Collection

Data collection consisted of one participant survey and one interview questionnaire with Drew Cameron, the facilitator of The Combat Paper workshop. The survey was given to the participants of The Combat Paper workshop. Questions for both the interview questionnaire and participant survey were developed based on Kapitan's (2010) program evaluation research criteria using both closed and open-ended formats for questioning in the simple descriptive approach (Mertens, 2010). Critical-case sampling was utilized based on the need to analyze an in-depth single case for generalizability to similar programs (Mertens, 2010).

The questions for both the interview questionnaire and participant survey were written based on the three tiers of Kapitan's (2010) program evaluation research. The questions were developed based on the criteria that accompany each tier and specifically address elements within Kapitan's research. Table 2 illustrates the correlation between each question and the criteria it addresses from Kapitan's work. Appendix A and Appendix B include the participant survey and interview questionnaire respectively.

Table 2
Correlation of Kapitan's (2010) Program Development and Evaluation Criteria to the Interview and Survey Questions

Kapitan's criteria	**Interview and survey questions**
Structures	Questions 1-2 in interview Question 6 in survey
Processes	Questions 3-13 in interview Questions 1,2 & 5 in survey
Results	Questions 14-19 in interview Questions 3-4 in survey

Note. The specific questions can be found in Appendix A and Appendix B.

Instrumentation

The interview questionnaire was used for gathering information from the program facilitator, Drew Cameron. The questionnaire was based on a simple descriptive format approach. This approach was utilized in order to gain a greater understanding of the Combat Paper Project by directly conversing with the program developer.

The participant survey was also based on a simple descriptive format approach. This approach was used in order to gain perspective on the characteristics of the sample at the time the study is conducted (Mertens, 2010 p. 177).

Data Analysis

The data provided by the survey and interview questionnaire was analyzed using two methods. First, an identification of reemerging themes based on a series of open-ended questions posed to the participants through the survey, and to the facilitator through the interview. This qualitative approach sought to identify themes that were coded based on commonalities that were found within the survey answers. This data was generalized to assess aspects of community-based therapeutic art making and provide rationale for the conceptual framework design. Secondly, descriptive statistics were used to analyze the close-ended survey questions through percentages. These were calculated using a statistical computer program (SPSS) at a local university and were utilized to inform the research (Mertens, 2010).

The data collected from the literature review was analyzed through a pragmatic qualitative research approach. The literature was reviewed with an emphasis on creating knowledge through the most useful resources available, in conjunction with the survey results, to develop a conceptual framework. In addition to the framework, there was a

desired outcome of clearly understanding the distinctions between therapeutic art-making experiences and creative arts therapy as a profession, which leads to clear definitions of each.

For the purposes of collecting data in the literature review, sources were categorized into what can be considered either art therapy practice or therapeutic art making. Each source was categorized based on the following criteria: the definition of therapy, the training of the facilitators involved, and the goals of the project or study.

If the structure of the project in question fit into the definition of therapy or art therapy as described by Corey (2009) and AATA (2013), then it was considered for the art therapy criteria. If the structure of the project did not fit into the definition of therapy or art therapy, it was considered therapeutic art making. The definition of therapy is a process that takes place within the relationship of a therapist and client and involves the work being done in the dimensions of feelings, thoughts, and behaviors. The work being done is defined by goals, which are specifically defined and linked to therapeutic outcomes (Corey, 2009).

The training of the facilitators was also considered. If the facilitator identified as a trained art therapist and identified the project as conducting art therapy based on the guidelines set forth by AATA (2013), then the study was considered for the art therapy criteria. If the facilitator was not a trained art therapist then the study was considered therapeutic art making. A trained art therapist must have a master's degree in art therapy, which is approved by the art therapy credentials board (AATA, 2013).

Finally, the goals of the project, study or intervention were analyzed. If the goals were specifically outlined and aligned with the definition of therapy (Corey, 2009), or art

therapy with specific mental health outcomes (AATA, 3013), then the study was considered for the art therapy criteria. If the goals of the intervention or project were generalizable and were not aligned with the definition of therapy, art therapy, and specific mental health outcomes, then the study was considered therapeutic art making.

In order to be categorized as art therapy practice, all of the above-mentioned criteria were met. If one or more components were missing, the study was categorized as therapeutic art making, or was not used in this research. These criteria for categorization are organized in Figure 1. The results of categorization from the literature review can be seen in Table 3.

CHAPTER III

LITERATURE REVIEW

Distinguishing Between Art Therapy and Therapeutic Art-making

Creative and expressive arts therapies. Creative and expressive arts therapies are interdisciplinary practices that stress an intermodal approach and require an understanding of many modes of creative expression and their interrelationships with other methods of practice. Creative and expressive arts therapies are not limited to a particular framework, technique, or media and combine the use of visual arts, movement, drama, music, writing, and other creative processes to foster personal growth, healing, and community development. They stress a multimodal approach with psychology, organizational development, community arts, and education (International Expressive Arts Therapy Association, 2012; Kaye & Blee, 1997; Levine & Levine, 1999).

Art therapy is considered a type of creative and expressive arts therapy and exists as a distinct discipline and profession. Similar to creative and expressive arts therapies, art therapy focuses on the use of the creative process for healing; however, it is a separate discipline due to its focus on the use and mastery of artistic media as the mode of treatment (AATA, 2013), versus the general use and understanding of various other modes of expression (Levine & Levine, 2012). This research focuses on art therapy due to the need for more concentrated research in the field, and clarification of what the profession of art therapy is, especially as it relates to therapeutic art-making experiences.

Art therapy. The profession of art therapy is defined based on the American Art Therapy Association (AATA) guidelines as follows:

> A mental health profession in which art media, the creative process, and the

> resulting artwork are utilized to explore feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem (AATA, 2013).

The practice of art therapy as a profession, however, has evolved over time. Some art therapy models no longer fit the traditional definition and practice (Kapitan, Litell & Torres, 2011), and with the introduction of therapeutic art-making experiences and burgeoning research, it has become even more difficult to define and distinguish between the two. The ambiguity can be seen throughout the relevant literature.

In one study by Kapitan, Litell, and Torres (2011), the term "creative arts therapy" was evolved into an umbrella term to allow for adaptation to other cultures and an array of other arts and energetic healing practices. This study shows that the evolution of the profession of art therapy allows for a positive transformational impact on families, community, and oppressive societal structures. Through this community-based Participatory Action Research model, identified as art therapy practice, we can begin to see how the distinctions between art therapy and therapeutic art are blurred. Whereas the traditional model of art therapy stresses a focus on art media and the use of the process and product to achieve therapeutic goals that coincide with mental health aspects (AATA, 2013), the Kapitan, Litell, and Torres (2011) design stresses an array of energetic healing practices beyond art media and more general and non-specific goals which may or may not be linked with mental health outcomes. Their main focus was to impact the community and strengthen the general development of the participants, as well as to focus more on activism rather than mental health or the artwork specifically. While this

intervention style differs from the traditional view, it is still aligned with a therapeutic outcome. Further, the authors note that this type of practice is continuing to emerge as more people replace mental health care based on medical models with less clinical alternatives in new environments (Kapitan, Litell & Torres, 2011).

Therapeutic art making. In contrast, we can compare and examine other projects, which do not claim to be conducting art therapy, but include therapeutic art components. For example, one self-proclaimed "creative activity group" study, shows to have improved mental health across many categories in an inpatient mental health facility. Although the authors admittedly are not conducting art therapy and are not trained art therapists, this research study found statistically significant improvements in mental health outcomes for those who participated in creative activities over a five-year period. Creative activity groups, in this context, show data establishing correlations between participation in creative activity and improvement in measured mental health outcomes (Cady, Crawford & Page, 2012).

Based on the evaluation and comparisons of the available literature, it is evident that objective clarification of both art therapy and therapeutic art making is needed in order to continue making strides in research. These studies show evidence that traditional art therapy models are shifting and that there is a need to clearly define what therapeutic art making entails.

For the purpose of this research study, the literature will be categorized into what can be considered art therapy practice, and what can be considered therapeutic art making in order to aid in the development of clear definitions and to provide a structure for developing the proposed conceptual framework. The criteria for making these distinctions

were the definition of therapy, the training of the facilitators, and the goals of the project or study. These elements are further described in the definitions and methods section of this paper and can be seen in Figure 1. The categorization of the literature can be viewed in Table 3

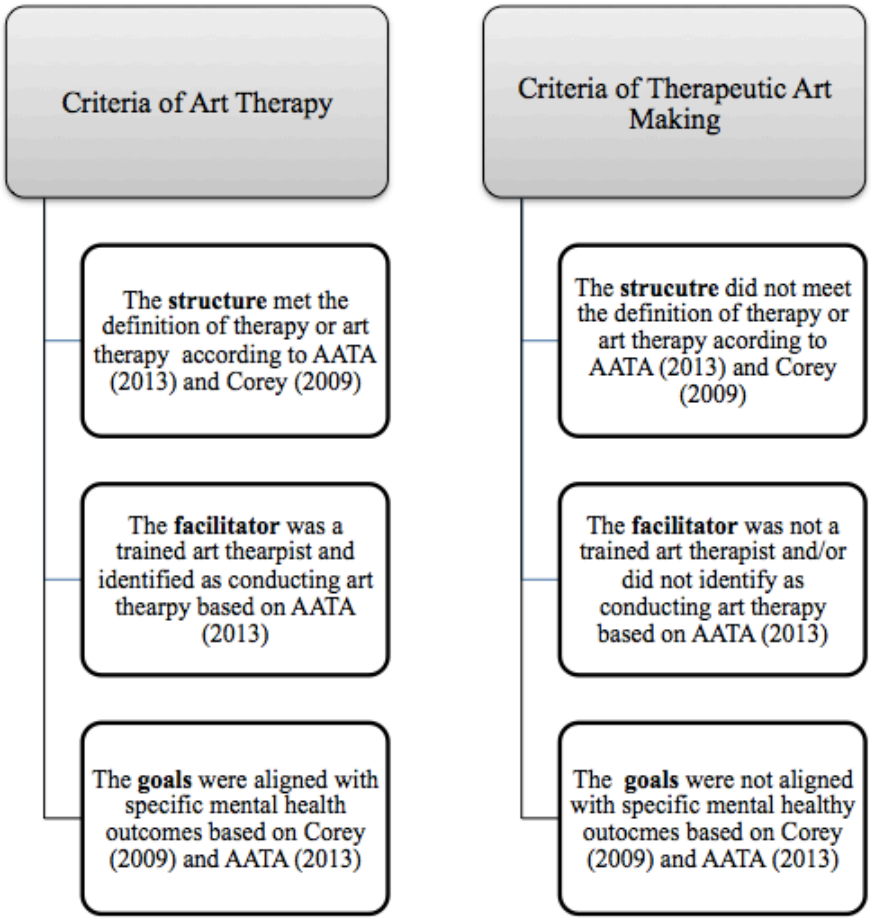
Criteria of Art Therapy
The **structure** met the definition of therapy or art therapy according to AATA (2013) and Corey (2009)
The **facilitator** was a trained art thearpist and identified as conducting art thearpy based on AATA (2013)
The **goals** were aligned with specific mental health outcomes based on Corey (2009) and AATA (2013)
Criteria of Therapeutic Art Making
The **strucutre** did not meet the definition of therapy or art therapy acording to AATA (2013) and Corey (2009)
The **facilitator** was not a trained art therapist and/or did not identify as conducting art therapy based on AATA (2013)
The **goals** were not aligned with specific mental healthy outocmes based on Corey (2009) and AATA (2013)

Figure 1. Flow chart of art therapy and therapeutic art making criteria that were used to categorize the research sources based on the structure of the study, the facilitator, and the identified goals . The criteria chosen were based on AATA's (2013) definition of art therapy and Corey's (2009) explanation of the therapeutic process.

Table 3
Categorization of Sources Into Art Therapy Criteria or Therapeutic Art Making Criteria

	Definition of Therapy or Art Therapy	Training of Facilitator as an Art Therapist	Inclusion of Therapeutic Goals	Is The Source Considered Art Therapy Practice?
Caddy, Crawford & Page, 2012			✓	no
Combat Paper Project, n.d.				no
Glaister, 1994	✓		✓	no
Kapitan, Litell & Torres, 2011	✓	✓	✓	yes
Nolan, 2013	✓	✓	n/a	yes
Joe Bonham Project, n.d.				no
Mascarenhas, 2014				no
Peace Paper Project, n.d.				no
Pederson, 2012				no
VAP Veteran Artist Program, 2014				no
Veterans Book Project, n.d.				no
Walsh Culpepper Martin & Schmidt, 2004				no

Art Therapy

History. The profession of art therapy comes from a rich history, which began with the use of imagery to communicate human experiences. What we think of as the development of art therapy began in the 1940s through the pioneering efforts of Margaret Naumburg, and grew out of the psychiatric movement with emphasis on the

psychoanalytic frameworks of Freud and Jung (Junge & Asawa, 1994; Wadeson, 2010). Naumburg relied heavily on psychoanalytic theory and practice. In her approach, the focus was on therapy and did not stress the creation of an aesthetic product. She believed that spontaneous art, even of those who were untrained, could be valuable in releasing and projecting unconscious conflicts and symbolic communications. Naumburg was followed in the 1950s by Edith Kramer, whose approach differed. Kramer emphasized the integrative and healing properties of the creative process, placing less emphasis on the artistic product, and more emphasis on the artistic process. Her theory established a focus on the importance of the creative process itself as a healing agent, focusing on art as therapy, rather than art in therapy (Junge & Asawa, 1994; Wadeson, 2010). Although Kramer utilized psychoanalytic theory to understand human growth and development and to inform her model of art therapy, she separated the role of the art therapist from that of the psychotherapist, basing her work on the psychological processes enhanced by the creative processes. Naumburg placed her emphasis on the verbal reflection with the artistic products as the basis for insight, whereas Kramer placed her emphasis on the use of the artistic process as the basis for insight (Junge & Asawa, 1994; Wadeson, 2010). The two differing emphases from these pioneering art therapists show the very beginnings of the art therapy field's growth and evolution.

Recognition. In the 1960s, art therapy became recognized as a profession. The creation of the *American Journal of Art Therapy* in 1962 and the establishment of the American Art Therapy Association (AATA) in 1969 were two paramount events in the recognition of the profession. The evolution of formal educational training in art therapy, beginning in the 1950s, was also a crucial step. What began as training seminars in the

techniques and methods of art therapy soon grew into the development of art therapy courses, which were taught to psychiatrists, social workers, and nurses beginning in the late ‘50s. From there, the first training programs for graduate students in university settings were initiated. Training programs continued to multiply, and by the mid ‘70s, AATA’s education and training board began to grant “approved” status to programs that met its specific requirements. These requirements insured quality control of education and enhancement of further development, which safeguards the future of the profession (Junge & Asawa, 1994).

Evolution. Since these earlier developments in the profession, art therapy has incorporated increased existential and humanistic philosophies, taking into consideration the accountability of the client and contrasting some of the original psychoanalytic forces (Wadeson, 2010). The psychoanalytic theory that the profession was built upon stresses the exploration of human drives and behaviors in a more deterministic way by considering and elucidating unconscious material as the means for identifying and improving thoughts, feelings, and behaviors (Corey, 2009). Through the evolution of the profession, theory is becoming more focused on humanistic approaches. Humanism stresses a holistic approach, encouraging viewing others as a whole person, rather than the sum of their parts. Self-exploration that stresses creativity, human potential, and personal wholeness, becomes the means of identifying and improving thoughts, feelings, and actions (Corey, 2009). The present state of the profession encompasses many frameworks and approaches and continues to take steps towards creating more accredited art therapy training programs and lobbying for the continual development of the profession (Wadeson, 2010).

Art therapy today. The practice of art therapy has continued to evolve and is more recently encapsulating a wider variety of art expressions for a wider variety of purposes and in a greater variety of settings (Wadeson, 2012). Art therapy today is continually growing and changing in both how it is used and in the training that is involved (Kapitan, Litell & Torres, 2011; Kapitan, 2012; Nolan, 2013).

In the training of art therapists today, education incorporates stretching old models in a way that allows for more complex and flexible professional identities within the field. It has been identified that practitioners must understand art therapy in a way that is congruent with personal self-constructs and balances formal expectations with actual competency in the professional role. Therefore, it can be understood that art therapy has more of a focus on mental and technical flexibility, which allows for the shifting of approaches to fit varying situations that are presented. The current view in education is to provide a fluid and maximally adaptable internal structure of art therapy practice (Kapitan, 2012).

The practice of art therapy today is also adopting a more "intersectional" framework and is being expanded based on critical theory practices (Kapitan, Litell & Torres, 2011; Nolan, 2013). Critical theory practices include a holistic view of a client, stressing cultural and social forces, which deviate from some medical models of psychotherapy treatment. It strives to reach the broader social system and connect with the individual, their families, and communities. It works towards internal and external emancipation from the dominant narrative (Nolan, 2013). Art therapy practice in the critical theory context is now more commonly being used to reach broader social systems, while still remaining grounded in clinical frameworks. The critical theory practice has

allowed for a growing number of populations and environments to be served. The current approach seeks to strengthen the development of the whole person, which has included more community-based work, and encourages an expanded critical theory practice to emerge (Kapitan, Litell & Torres, 2011; Nolan, 2013).

It is clear by examining the history of art therapy and its expanding and changing methods and practices used in today's world, that the definition of the profession must also evolve. In order to ensure the best practice and to maintain ethical standards, it is necessary to identify present constructs in how we define the profession, especially in the face of the increased community-based work that further blurs the lines between art therapy and therapeutic art-making.

Therapeutic Art-Making

Existing projects. Therapeutic art making is not a new concept. Various projects have been in existence for many years, and although no research has been done specifically on how to define the process, and the literature is scarce, the use of therapeutic art has been briefly explored in the available resources (Caddy, Crawford & Page, 2012; Combat Paper Project, n.d.; Glaister, 1994; Joe Bonham Project, n.d.; Mascarenhas, 2014; Peace Paper Project, n.d.; Pederson, 2012; VAP Veteran Artist Program, 2014; Veterans Book Project, n.d.; Walsh Culpepper Martin & Schmidt, 2004).

Many current projects offer therapeutic art experiences to a variety of communities. Whether it is through hand papermaking (Combat Paper, n.d.; Peace Paper Project, n.d.), bookmaking, archiving, and writing (Joe Bonham Project, n.d.; Veterans Book Project, n.d.), or a variety of artistic expressions (Veterans Artist Program, n.d.), it is clear that one of the overarching themes of these projects is the desire to invite a

community to come together and share in one common transformative and creative experience (Combat Paper, n.d.; Joe Bonham Project, n.d.; Peace Paper Project, n.d.; Veterans Artist Program, n.d.; Veteran Book Project, n.d.).

Studies done. There have also been studies conducted on the effects of therapeutic art making on various populations. The overarching theme of these therapeutic art-making studies is that the creative process and participation in art making has positive outcomes on the populations that were considered. Similar to the therapeutic art-making projects previously discussed, these studies show that the transformative experience of creativity has positive impacts on those who participate (Cady, Crawford & Page, 2012; Glaister, 1994; Walsh, Culpepper Martin & Schmidt, 2004).

Distinction from art therapy. While all of these therapeutic art-making projects and studies appear to have positive influences and effects on those who participate, and may even be considered to have therapeutic outcomes (Caddy, Crawford & Page, 2012; Combat Paper Project, n.d.; Glaister, 1994; Joe Bonham Project, n.d.; Peace Paper Project, n.d.; VAP Veteran Artist Program, 2014; Veterans Book Project, n.d.; Walsh Culpepper Martin & Schmidt, 2004), they are separated and distinctly differentiated from the practice of art therapy as a profession. We can see this by examining the process of therapy in general, and the process of art therapy in particular. The process of therapy includes a therapist and a client working together towards specifically defined goals that are linked to therapeutic outcomes relating to thoughts, feelings, and behaviors. The goals are achieved by the therapist implementing appropriate therapeutic techniques, and the client participating in the identification and direction of the work being done in the process (Corey, 2009). In contrast the process of art therapy is conducted by a trained art

therapist, and matches the therapeutic process to specific art media, the creative process, and the resulting artwork. The work being done in the art therapy relationship is achieved by utilizing art in a way that is purposefully paralleled to the process of therapy (AATA, 2013; Rubin, 2011).

Although some of the studies did show mental health outcomes (Cady, Crawford & Page, 2012; Walsh, Culpepper Martin & Schmidt, 2004), and all of the projects are linked with transformative outcomes for the participants (Combat Paper, n.d.; Joe Bonham Project, n.d.; Peace Paper Project, n.d.; Veterans Artist Program, n.d.; Veteran Book Project, n.d.), they are not basing the work being done on the process of therapy or art therapy. Instead, the art is being utilized as a way to explore what broader effect it may have on the given population or community (Caddy, Crawford & Page, 2012; Combat Paper Project, n.d.; Glaister, 1994; Joe Bonham Project, n.d.; Peace Paper Project, n.d.; VAP Veteran Artist Program, 2014; Veterans Book Project, n.d.; Walsh Culpepper Martin & Schmidt, 2004). One study that was identified as conducting general therapy (Glaister, 1994), however, was not conducting art therapy based on the lack of paralleling the therapeutic process specifically to the artwork being used. In a more general sense, the art was being used as a possible tool for exploration in therapy, rather than the specific use of art for therapeutic outcomes (Glaister, 1994).

As we can see through the evaluation of these projects and studies, therapeutic art-making experiences are important for our communities. It appears that they accomplish the desired outcome of bringing communities together in discussion and providing transformation through the use of the process of creativity (Combat Paper, n.d.; Joe Bonham Project, n.d.; Peace Paper Project, n.d.; Veterans Artist Program, n.d.; Veteran

Book Project, n.d.). It is also evident that there is a need to clearly define therapeutic art making. Since there are some therapeutic art-making studies that show mental health outcomes (Cady, Crawford & Page, 2012; Glaister, 1994; Walsh, Culpepper Martin & Schmidt, 2004), and since it has not been defined in the past, it is easy to see how confusion surrounding what therapeutic art-making is, and what it is not, may arise.

The Combat Paper Project

Background. Therapeutic art-making projects have been identified as one way to provide a transformative experience to their participants. In the Combat Paper Project, the transformative experience is through the process of hand papermaking and is used to bring a community together with the intention of expressing and starting a conversation about the collective effect that warfare has on the community. It is evident that combat veterans have been instinctually turning to art making as a means of self-expression and rehabilitation upon returning to civilian life (Malchiodi, 2011).

Creation of the project. Cameron, the Combat Paper Project creator and a war veteran himself, personally experienced a need for catharsis and reconciliation after returning to civilian life. For four years before the development of the Combat Paper Project, Cameron learned and practiced the craft of hand papermaking. He spent a lot of his time focusing on the craft and sharing his skills with his veteran and artist friends. His interactions and core group of fellow paper makers created, what he terms “a core group of others”, who conceived of the idea of spreading their knowledge outwards. Cameron’s baseline philosophy of practicing the craft of hand papermaking, teaching others the craft, and encouraging people to do the same, is how the idea for a workshop began (D. Cameron, personal communication, December, 2014). This process identified by Cameron

led to the creation of the People's Republic of Paper studio in San Francisco, CA. Although this intuitive drive to create has been identified as providing healing qualities to military personnel and their families, little research has been conducted on therapeutic art making within the context of the Combat Paper Project. The high number of people affected by war and combat shows that there is a continuing and growing need to explore therapeutic art-making experiences in the way we approach this population (Malchiodi, 2011).

Combat Paper as therapeutic art. Others who have explored the Combat Paper Project in the available research are also working towards elucidating this process. Mascarenhas (2014) discusses the Combat Paper Project as performance rhetoric. This point of view shares similarities and also displays differences from the therapeutic art experience. Mascarenhas' views regarding the Combat Paper Project as a culturally based performance for transformation differs from the view of using the art of papermaking as the transformative process. The commonality between the two is the space for community communication and the creation of a unique and unified social narrative. The focus on papermaking as a transformative process relates to the Combat Paper Project not only as performance rhetoric, but also as a meaningful therapeutic art experience.

The Combat Paper Project can be defined as a therapeutic art-making experience based on the defining categories used in this research. The workshops are not facilitated by trained art therapists, do not fall into the definition of therapy or art therapy, and do not include therapeutic goals (AATA, 2013; Corey, 2009). The Combat Paper Project works to broaden the narrative of military and war experiences by generating conversation within a community and fostering collective responsibility for discussing warfare. This is

explored through the transformative process of hand papermaking and reclaiming the war experience as art (Combat Paper, n.d.). These goals and processes are not being achieved within a therapeutic relationship where the dimensions of feelings, thoughts, and behaviors are being worked on or improved (Corey, 2009). The goals of the Combat Paper Project are to experience making artwork as a means of creative conversation within a community (Combat Paper, n.d.), rather than directly connecting the process and product of art making to goals with specific therapeutic outcomes (AATA, 2013; Corey, 2009).

Research

Efficacy and effectiveness. In order to provide an understanding of how beneficial therapeutic art-making experiences are to its participants, the topics of efficacy and effectiveness in research must be explored. Research focusing on the efficacy and effectiveness of treatments is not a new concept in the scientific world (Bell, 1978). The major difference between efficacy and effectiveness is whether or not treatment takes place in a lab versus an actual environment. Efficacy trials are commonly conducted in controlled lab conditions, whereas effectiveness trials are commonly conducted in real world natural environments (Flay & Phil, 1986; Rush, 2009; Wells, 1999).

This difference causes debate in research regarding which method of treatment testing is superior and most useful. Some regard tests of efficacy as crucial for the development of new treatment or programming. This viewpoint states that the sequence of researching must include efficacy first, meaning that effectiveness will only be achieved if a treatment or program is efficacious (Flay & Phil, 1986). Opposing researchers argue that fundamental problems exist in studies of efficacy first models; stating that it is difficult

and arbitrary to measure what state a patient may be in at the time, and that in issues of life or death, improved mortality may not be worth the efficacious outcome (Bell, 1978).

Rush (2009) posited, "no one design provides a unique path to the truth" (p. 34). His view is that there are not two types of trials. He stated that particular designs are formulated to answer specific questions, and that the question determines the design, which will logically produce different answers, since they are addressing different questions. In his view, both efficacy and effectiveness provide essential contributions to how we can best treat patients.

Wells (1999) stated that efficacy and effectiveness studies can produce similar results, but are utilized for different outcomes. In psychiatry, clinical trials are usually designed to evaluate short-term clinical outcomes. On the other hand, effectiveness studies are usually dedicated to long-term clinical outcomes (p. 6). The question then becomes, how we will approach this interface of efficacy and effectiveness? Questions clinicians need to consider are; what scientific information about treatment is in the best public interest; and can we develop research method trainings and opportunities to obtain pertinent information (Wells, 1999)?

Best research practice. Burleigh & Beutler (1996) stated that efficacy and effectiveness research in the field of art therapy is also lacking. This may be due to multiple factors. Currently, art therapy research lacks levels of definition, uniformity, and operationalization needed for the replication of studies. Further, there is a held understanding in psychological research that Randomized Control Trials (RCT's) are the most effective method for assessing treatment efficacy and clinical decision-making. Because of these drawbacks, even minor successes in art therapy research are limited.

These beliefs make strides in art therapy research using these preferred research methods limited due to the absence of appropriateness and practical application of RCTs in this field. Although RCTs may not be the best identified, or even possible, research method for the field of art therapy, uniformity in techniques, design, and measurement are essential to show conclusive evidence of efficacy and effectiveness. Uniformity in techniques advances our knowledge about effective techniques in the creative arts therapies (Burleigh & Beutler, 1996).

The need for uniformity. Providing uniformity in techniques and clearly definable parameters in the realm of therapeutic art making through community-based projects may provide support for the field of art therapy in this context. Community-based projects centered on the creative experience could provide the beginnings of the operationalization needed to conduct these types of studies. Through creating a framework for community-based therapeutic art making, support for the field of art therapy will be achieved. Despite their differences in practice, conducting effectiveness research in the therapeutic arts will also inform effectiveness research in art therapy.

Program Development and Evaluation

Lynn Kapitan's Design. Lynn Kapitan is an art therapist and holds a PhD in art therapy. Kapitan's philosophies are based in the practices of community based cross-cultural art therapy. She has also been influential in the field of research and has published and presented internationally on many subjects including social action in art therapy, professional issues, creativity development, leadership, and policy development (Kapitan, 2010). Her views on policy development, program evaluation research in particular, will be utilized in this research. Kapitan explains that in art therapy research, it is becoming

more important to translate specific schools of thought and disciplines into broader art therapy theories and practices. This translation can be done through evidence-based constructs for research, which will eventually make it possible to form approaches that emerge from art therapy itself, rather than from other fields or theories (2010). For the purposes of this research, her contributions in program development and evaluation in art therapy research can be viewed as a springboard for defining the art therapy profession in the broader art therapy context, as well as in the context of therapeutic art-making experiences. Because this structure was developed specifically to be flexible, adaptable, and generalizable (Kapitan, 2010), it can be a useful tool in assessing both art therapy and therapeutic art making.

Kapitan (2010) outlines the three main factors that contribute to program evaluation research: structures, processes, and results. Structures consist of the physical environment, available resources, and equipment. Processes consist of demographics, referrals, treatments, assessments, and communications. Results include patient satisfaction, symptom management, or other outcomes. The criteria outlined by Kapitan are useful in formatting program evaluation and development due to their flexible application to a wide variety of causes such as programs, policies, organizations, products, or individuals (p. 85). Table 1 represents Kapitan's program development and evaluation criteria.

Application to the Combat Paper Project. The application of Kapitan's criteria to the Combat Paper Project is illustrated in Table 4. The structure criteria consists of hand papermaking, which is rooted in the historical traditions of the craft and includes the equipment used and the available resources for papermaking. The process criteria are the

community involvement of poets, writers, artists, veterans, and community members interested in a shared experience. The results criteria include the participant feedback, the desire to grow through making contact with others, and providing transformational experiences in the personal lives of others (Combat Paper Project, n.d.). Viewing the Combat Paper Project through Kapitan's program evaluation design aids in the process of defining therapeutic art-making factors more concretely, which provides a platform for further program development.

The development of a systematic conceptual framework for community therapeutic art-making projects begins with the formation of treatment integrity. According to Kapitan (2010), treatment integrity consists of operationalized key ingredients, which include therapist (or facilitator) behaviors that are both unique and essential to interventions, behaviors of participants that are compatible with the intervention, and behaviors that are proscribed throughout the intervention. Identifying the operationalized key ingredients of the Combat Paper Project will likely apply to other community-based therapeutic art-making programs, and thus will aid in the creation of the proposed framework and be generalizable to other available treatments.

Table 4
Correlation of Kapitan's (2010) Program Development and Evaluation Criteria to Elements in The Combat Paper Project

Kapitan's criteria	**The Combat Paper Project**
Structures	The craft of hand papermaking
Processes	Community involvement
	Participants
Results	Participant feedback
	Transformative experience

CHAPTER IV

RESULTS

Definition of Art Therapy

Based on the available and relevant literature that has been considered in this research, the definition of the art therapy profession according to AATA can be expanded upon and more specifically outlined. Accordingly, art therapy is defined as a mental health profession that includes a variety of therapeutic frameworks and approaches. It is practiced by trained art therapists, educated at the master's level or higher, who are trained to provide fluid and adaptable structures to the practice of the profession by implementing appropriate techniques. Art therapy utilizes therapeutic goals that are specifically linked and correlated to art media or the creative process and are developed to aid the client in a variety of mental health and development aspects encompassing feelings, thoughts, and behaviors, and seek to strengthen the development of the whole person (AATA, 2013; Corey, 2009; Kapitan, Litell & Torres, 2011; Kapitan, 2012; Nolan, 2013).

Definition of Therapeutic Art-making

Based on the available and relevant literature that has been considered in this research, therapeutic art-making can be defined as follows: Therapeutic art-making is an organized process that invites participant collaboration in a creative and transformative experience, with the intention of positively influencing the participants. Therapeutic art-making experiences may result in mental health outcomes, although this is not the intent. Unlike art therapy, therapeutic art making is not based in the process of therapy nor facilitated by an art therapist. Therapeutic art making identifies goals which address the broader effect the process of art making may have on the participants. The role of the

facilitator is to be present in guiding participants through a positive experience. In summary, we can understand therapeutic art making to be a collaborative, positive, transformative experience that is not based in the process of therapy and addressees the broader effect that art making has on the participants. (Caddy, Crawford & Page, 2012; Combat Paper Project, n.d.; Glaister, 1994; Joe Bonham Project, n.d.; Peace Paper Project, n.d.; VAP Veteran Artist Program, 2014; Veterans Book Project, n.d.; Walsh Culpepper Martin & Schmidt, 2004).

Participant Survey Responses

The response rate for the participant surveys is RR1= 86.95% based on the American Association for Public Opinion Research (Mertens, 2010). The number of people who participated in the workshop is unknown. Sixty surveys were provided during the workshop. Twenty-three surveys were completed. Twenty participants gave complete responses, while three gave partial responses. The partial responses were still considered valid data for the purposes of this study.

Quantitative data. There were four close-ended questions included in the participant survey. The close-ended questions contributed to the quantitative data of the participant survey (Mertens, 2010). The close-ended questions addressed demographics, interactions with others, the facilitator roles, and adequacy of the physical environment. Four of 23 participants (17.39%) were veterans. Nineteen of the 23 participants (82.60%) were non-veterans. Twenty-one participants (91.30%) felt comfortable interacting with others. One participant (4.34%) felt uncomfortable interacting with others. One participant (4.34%) felt neutral about interacting with others. Eighteen participants (78.26%) identified the role of the facilitator as a teacher. Twelve participants (52.17%) identified

the role of the facilitator as a helper. Fourteen participants (60.86%) identified the role of the facilitator as a supporter. Five participants (21.73%) identified the role of the facilitator as a counselor. One participant (4.34%) identified the role of the facilitator as an "other" but did not specify what. Participants chose more than one option for this question, and all responses were counted. Twenty-one participants (91.30%) felt that the physical environment was adequate. One participant (4.34%) felt that the physical environment was inadequate and specified that more screens for printing were wanted. One participant (4.34%) did not respond to this question. Table 5 displays the quantitative data. Figures 2-5 display the data for each quantitative question individually and can be found in the tables and figures section of this paper.

Table 5
Participant Survey Quantitative Data

Demographics	**Interactions with others**	**Facilitator roles**	**Physical environment**
17.39% veterans	91.13% felt comfortable	78.26% teacher	91.30% adequate
82.60% non-veterans	4.34% felt uncomfortable	52.17% helper	4.34% inadequate (more screens wanted)
	4.34% felt neutral	60.86% supporter	4.34% no response
		21.73% counselor	
		4.34% other unspecified	

Note. This data represents the combined demographics.

Qualitative data. There were three open-ended questions included in the participant survey. The open-ended questions contribute to the qualitative data of the participant survey (Mertens, 2010). The open-ended questions addressed how the participants found out about the workshop, a brief description of the participants experience, and what the participants hoped to gain from the experience.

There were eleven identified ways in which participants found out about The Combat Paper workshop. Nine participants found out about the Combat Paper Workshop through a bookbinding class at the Herron School of Art and Design; two participants through email; two participants through friends; Four participants through an artist lecture that took place in 2013 at the Herron School of Art and Design; three participants through the Herron School of Art and Design; one participant through Facebook; one participant through participating in the workshop the previous year; one participant through a News Weekly ad; one participant through Nuvo Newspaper; one participant through word of mouth; and one participant through Veteran's Antiquities, which is part of a nonprofit organization that creates career opportunities for veterans. Some participants identified more than one way of finding out about The Combat Paper workshop, and all responses were counted.

The experiences that participants had were briefly described in the surveys. The responses were organized into four categories including what they liked about the workshop, what they learned from the workshop, how they participated or what they contributed to the workshop, and how they felt about the workshop overall. Four participants provided information about what they liked about the workshop which included interacting with new people and hearing others experiences; meeting and

speaking with veterans and making paper; reusing uniforms and using paper for many things; and using the paper in school projects. Four participants provided information about what they learned from the workshop which included learning a lot; learning how to make paper; learning the process; and gaining insight into the "weight of the uniform". Seven participants provided information about how they participated or what they contributed to the workshop which included helping to cut uniforms and interacting with others; working collaboratively with others; having interesting conversations with a variety of people; having conversations about military experiences and making connections; helping others to learn the process of papermaking; helping to cut uniforms and talk with others; and cutting up father's uniform and making beautiful paper. Six participants provided information about how they felt about the workshop overall and these included fun (2); thoroughly enjoyable; humorous and enjoyable; and quite lovely. Two participants did not respond to this question.

What the participants hoped to gain from the experience was described in the surveys. The responses were organized into three categories including learning something new, network or interact with others, and the experience itself. Twelve participant responses about wanting to learn something new included gaining more experience with paper; understanding/learning papermaking (4); learning new techniques/processes (2); gaining more knowledge about papermaking/paper (4); and learning about the history of paper. Six participant responses about wanting to network or interact with others included seeing Drew Cameron (2); getting to know other veterans and artists; working with others; networking; meeting papermakers; and making friends and sharing stories. Four participants responses about wanting to have the experience of a Combat Paper Workshop

itself included seeing the papermaking process; relaxing; witnessing others in the process; and the experience in general. Some participants provided more than one response about what they hoped to gain from the experience. Two participants did not respond to this question. Table 6 displays the qualitative data. Figures 6-8 display the data for each quantitative question individually and can be found in the tables and figures section of this paper.

Table 6
Participant Survey Qualitative Data

How participants found out about Combat Paper	Participants experiences	What participants hoped to gain
39.13% bookbinding class	17.39% reported what they liked	52.17% wanted to learn something new
8.69% email	17.39% reported what they learned	26.08% wanted to network/interact with others
8.69% friends	30.43% reported what they contributed	17.39% wanted the experience itself
17.39% artist lecture	26.08% reported how they felt overall	8.69% no response
13.04% Herron	8.69% no response	
4.34% Facebook		
4.34% previous year		
4.34% News Weekly		
4.34% Nuvo Newspaper		
4.34% word of mouth		
4.34% Veterans Antiquities		

Note. This data represents the combined demographics.

Personal Interview with Drew Cameron

The personal interview, which took place on the telephone with Cameron, provided information about the components of the Combat Paper Project workshop that contributed to program evaluation and development, based on Kapitan's (2010) research. Program development and evaluation (Kapitan, 2010) is outlined in Table 1, and the elements involved are reported in the following text as they relate to a Combat Paper workshop.

Structures. The structure category of program development and evaluation includes the physical environment, available resources, and equipment (Kapitan, 2010). The desired physical environment of a Combat Paper workshop is "anywhere that the people are" (D. Cameron, personal communication, December, 2014). The premise is to take paper to the people, rather than the people to the paper. The ideal environment is wherever people are going to be most eager and willing to participate, and where they feel comfortable. The "key ingredients" or resources that make Combat Paper workshops most successful are collaboration, inclusion, accessibility, public access, an ongoing process, and multidimensionality in terms of its delivery. The essential equipment that is needed for a Combat Paper workshop include a portable Hollander beater, three black plastic vats, 40 sheets of pylon, 10 pieces of felt, three press boards, cotton cord and clothesline pins, two folding tables, extension cords, four five-gallon buckets, ear protection, water, access to electricity, about 15 pairs of sharp scissors, and uniforms to cut up. Preferred equipment that enhances the experience includes a small library of around 10 stencil images printed onto screens, a minimum of one spray bottle of colored

pulp, but preferably more than four colors, and another black plastic vat for the screens (D.-Cameron, personal communication, December, 2014).

Processes. The process category of program development and evaluation includes demographics, referrals, treatments, assessments, and communication (Kapitan, 2010). The primary demographic being targeted in Combat Paper is non-veterans. Cameron states that the veteran and military community will continually embrace this project and that it will always be relevant to them. However, the climate in our society right now for non-veterans is to be an "inactivated sympathizer", so it is important to reach those people in order to help give them the tools, the space, and the dialogue to feel as though the discussion of warfare is just as important to them as it is for those who have been in the military.

Two main types of referrals are commonly received. The first is self-referrals. People write to Drew Cameron and will engage in correspondence. The second is teacher and instructor referral. Teachers who are familiar with the project will identify students as possibly finding meaning in the project, and then the student will reach out to Drew Cameron.

There are a few ways in which a workshop is assessed. The overall success of a workshop is assessed based on the desire for the experience to be positive. The workshops are considered to be successful when participants verbally communicate that the experience was positive. The overall success of the project is assessed by keeping track of the number of workshops that are facilitated, keeping a general sense of how many people are reached, the number of locations workshops have occurred in, how many states and countries they have occurred in, how many exhibitions of work there have been, and how

many public institutions own Combat Paper work in their collections. The communication of a workshop has many facets. The way a workshop is delivered involves the use of the Internet, video and moving image, photographs, the artifacts of the paper that is produced, and exchange through word of mouth. These methods of communication will continue to grow and be modified as opportunities arise (D. Cameron, personal communication, December, 2014).

Results. The results category of program development and evaluation includes patient satisfaction, symptom management, and any other outcomes (Kapitan, 2010). When participant satisfaction is considered in a workshop, the main goal is to have a positive experience and to receive positive feedback. Symptom management is not a goal of the project, but does sometimes occur. This is an aspect of the project that is up to each individual person to discover themselves if it is an outcome. If healing is an outcome, it is recognized and encouraged when people discuss it verbally. The facilitator validates the participant and attempts to make them feel that it is safe to have that experience, but it is not managed. Other outcomes of Combat Paper workshops that Cameron would like to see are feedback tools that gather data about what the best part of the workshops are, and what critical feedback participants have to offer. The identification of common themes and trends among the comments would be considered, as well as the demographics that are being reached by asking participants about their connection to the military (D. Cameron, personal communication, December, 2014).

Community-based therapeutic art-making Framework (Appendix D)

The conceptual framework for community-based therapeutic art-making projects was developed based on the data gathered throughout this research. It utilizes Kapitan's

(2010) structure for program evaluation and development as it applies to the data collected from the participant surveys, interview questionnaire, and relevant literature. The framework is organized into three main headings, which are structures, processes, and results, and were chosen to mirror Kapitan's (2010) structure of program evaluation and development (Table 1). The main headings are then broken down into subheadings, which were chosen and determined to be important based on their relevance and connection to program evaluation and development, the participant survey, and the personal interview questionnaire conduced with Cameron. Each subheading is further expanded on in three levels of explanation that include what is essential, what is preferred, and how the essential and preferred elements can be addressed. The framework can be found in Appendix D.

CHAPTER V

DISCUSSION

Overview of Results

This research provides a clear definition of therapeutic art making, and an evolved and expanded definition of art therapy, which aids in separating the profession of art therapy from community based therapeutic art experiences. This more clearly defined boundary provides a useful and effective avenue for understanding the profession of art therapy and therapeutic art-making experiences as separate processes with specific differentiating factors, which increases knowledge, and awareness. Further, the information gathered from the survey and personal questionnaire, in addition to Kapitan's (2010) research on program evaluation and development, provided the basis for constructing the therapeutic art-making conceptual framework, which can be seen as the beginning of needed evaluative tools for the exploration of effectiveness in therapeutic art-making projects.

Major Findings

Overview. The use of art therapy in treatment and engaging in therapeutic art-making experiences are two distinct processes. During the time that the profession of art therapy has expanded in its theory and practice to meet the needs of the growing number of populations needing services (Kapitan, Litell & Torres, 2011; Kapitan, 2012; Nolan, 2013), therapeutic art-making experiences were also gaining popularity and prominence (Combat Paper, n.d.; Joe Bonham Project, n.d.; Peace Paper Project, n.d.; Veterans Artist Program, n.d.; Veteran Book Project, n.d.). The combination of these two forces caused some confusion as to the major differences between these two practices, thus calling for

clarification. Additionally, therapeutic art-making experiences such as the Combat Paper Project had not been researched, creating a gap to be explored.

Art therapy. Incorporating the continually expanding theories and practices that have been used in the field since its pioneering days has expanded upon the way the profession of art therapy is defined. The profession of art therapy at its core is based in the use of artistic media and the creative process to improve the mental health of others (AATA, 3013), however it has expanded from its original roots of psychoanalytic frameworks to incorporate more existential, humanistic, and critical theory practices (Junge & Asawa, 1994; Kapitan, Litell & Torres, 2011; Nolan, 2013; Wadeson, 2010). It is also important to note the education and training of practicing art therapists, and their goals in practice, as a distinguishing factor between art therapy and therapeutic art making. Trained art therapists have a particular knowledge and skill set that prepare them to address the specific mental health needs and goals of their clients through the use of the art media, creative process, and artistic outcome (AATA, 2013; Kapitan, 2012).

Therapeutic art making. Therapeutic art-making experiences are an important and valuable part of a community network and involve many components including the use of artistic media to provoke a transformative experience, a suitable environment to invite community members together, and a facilitator to guide the experience. The major goals of these projects strive to include a focus on positive outcomes and address the broader effect that art-making has on participants in general (Caddy, Crawford & Page, 2012; Combat Paper Project, n.d.; Glaister, 1994; Joe Bonham Project, n.d.; Mascarenhas, 2014; Peace Paper Project, n.d.; Pederson, 2012; VAP Veteran Artist Program, 2014; Veterans Book Project, n.d.; Walsh Culpepper Martin & Schmidt, 2004).

The Combat Paper Project. The Combat Paper Project in particular sets out to achieve the goals of a therapeutic art-making experience through the craft of hand papermaking as a way to involve a community in an exploration and discussion of the effects of war on veterans, civilians, and the community as a whole (Combat Paper Project, n.d.). Through conducting research on the Combat Paper Project, it was found that overwhelmingly, participants had a positive experience that included learning new things, interacting with others, and a general feeling of enjoyment. It was also found that four of 23 participants (17.39%) were veterans, and 19 of 23 participants (82.60%) were nonveterans, and that the participants identified the facilitator mainly as a teacher and supporter (78.26% and 60.86% respectively), while only a few participants (21.73%) viewed him as a counselor. Cameron's main goals as the facilitator of this project are to reach mainly non-veterans, to provide a positive experience for participants, and to receive positive feedback. Further, Cameron identifies that while healing and symptom management are sometimes the outcome for participants, he does not seek this outcome in his work, and does not attempt to manage that outcome when it does occur, like a counselor or art therapist might (D. Cameron, personal communication, December, 2014). These outcomes are important to show the major successes of the Combat Paper Project as a therapeutic art-making experience. They inform the role of the facilitator, the demographic being targeted, and the major goals of the work being done, which can be viewed as essential factors of any therapeutic art-making experience. These major findings and successes of the Combat Paper Project as a therapeutic art-making experience made it an ideal candidate for serving as the basis of the therapeutic art-making framework.

Therapeutic art-making conceptual framework. The therapeutic art-making framework was constructed based on the findings of this research. It outlines the essential elements involved in therapeutic art-making experiences, which address multiple factors. The framework can help those who wish to evaluate their own existing projects to become more streamlined and effective. It is a useful evaluative tool because it provides a framework based in research to more adequately address and reach desired outcomes. The framework can also be a useful tool for beginning new therapeutic art-making projects and can serve as the basic structure for developing a therapeutic art-making project. The outlined essential elements involved in therapeutic art making can be viewed as a starting point for developing a project or experience.

Limitations and Delimitations

Limitations. One limitation of this research was the use of a sample of participants from a minor subgroup. Although the smaller sample size is supported by Borg & Gall (1989) as ideal for this type of study, this may have limited the scope of experience reported on for therapeutic art-making experiences. Another limitation of this study was the unknown number of total participants in the workshop to calculate an accurate response rate. The expected number of participants was used in the calculation of the survey response rate. The estimated response rate may have influenced the outcome of the scope of this research in terms of how many people participated in the project, versus the number of participants the survey actually reached. The generalizability of the conceptual framework was also limited based on its design and purpose. The framework was designed as a tool for examining and developing therapeutic art-making experiences, and therefore does not directly apply to other community-based projects, or art therapy

treatment groups. It is a goal for this research to eventually be expanded so that it is generalizable to practicing art therapists as a tool for planning art therapy groups. It may also be expanded to accommodate for other community based projects or organizations that may not involve the use of artistic media.

Delimitations. A delimitation of this study was the decision to survey participants from only one therapeutic art-making experience, the Combat Paper Project. This decision kept the research in the realm of a case study design and allowed for the most accessible therapeutic art experience to be explored in depth.

Clinical Application

The art therapy profession. The clinical applications of this research for the field of art therapy are many. The synthesis of the literature addressing therapeutic art-making experiences and the history and expansion of the art therapy profession provides essential information for practicing art therapists and art therapists in training. In a relatively new field that is continually expanding its scope, it becomes necessary to also continually evolve the defining factors and boundaries of the practice. This research provides objective clarification about the evolution of the profession, as well as the major differences between art therapy and therapeutic art-making, which can continue to be expanded upon, and can allow for more effective practice and education to take place. The therapeutic art-making conceptual framework that was developed can also be used as a clinical tool for art therapists. It can be utilized to evaluate their own practice and theoretical alignment in comparison to the process of therapeutic art-making projects. Art therapists can also use this tool to evaluate therapeutic art-making projects that may be happening in their community, which may serve as a tool for awareness. This not only

provides art therapists with an opportunity to expand or evolve their own practice, but can also be an avenue to getting involved with the community and adding to its creative resources.

Therapeutic art-making projects. The clinical applications also apply to therapeutic art-making experiences. The conceptual framework can be used as a tool for beginning a new therapeutic art-making project. It can be viewed as the basic structure for a project and may be useful as an outline to follow in order to address all of the essential elements needed for a therapeutic art-making experience. Facilitators of therapeutic art-making experiences can also use this research as a way to assess their existing projects and make changes or adjustments according to the elements presented in the framework.

Implications for Future Research

Future research on this topic may include a more specific research trial to assess therapeutic art-making experiences using the provided framework with the goal of developing a more specific protocol for therapeutic art making. The possibility of creating a more specific protocol will be useful in furthering the defining factors of therapeutic art-making experiences. It may also add to the tools needed to increase the effectiveness of therapeutic art making. It may also be useful for future researchers to create a measurement tool to assess the effectiveness of therapeutic art-making experiences once they meet the criteria addressed in the framework provided and the possible future protocol. This proposed effectiveness measurement tool might resemble a scale or continuum containing the categories presented in the framework to address how successful each component is. With the distinct characteristics of therapeutic art-making experiences more clearly defined and delineated from the profession of art therapy, it may be

appropriate to begin researching the effectiveness of these projects in more depth. Beginning to conduct effectiveness trials on various therapeutic art-making experiences based on these tools is one way this research can be expanded on. It may also be useful for art therapist researchers to expand upon the information presented to generalize or adapt the provided framework. With more focused research on art therapy practice and group therapy processes, the framework may be adaptable and could possibly address structuring group art therapy interventions in the future. The continuation of research on the field of art therapy and how its practice is evolving also remains pertinent and essential for addressing the continued growth and relevance of the profession.

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

Objective

This research proposed to define therapeutic art-making experiences as delineated from the profession of art therapy, and to provide clear definitions of each. It also proposed to develop a conceptual framework to enhance therapeutic art-making experiences. Understanding and applying the results through the perspective of an art therapy researcher addressed the objectives.

Methods

The methodological approach was to conduct an instrumental case study of The Combat Paper Workshop and a literature review to address the objectives of this research. The two-tiered methodology was implemented by utilizing a participant survey, an interview questionnaire, and the information gathered through the relevant literature.

Results and Achievements

The results show that therapeutic art-making experiences can be defined as separate from art therapy. Therapeutic art making is a non-therapeutic process that involves a group of people coming together to share in a transformative experience with the intention of having a positive influence (Caddy, Crawford & Page, 2012; Combat Paper Project, n.d.; Glaister, 1994; Joe Bonham Project, n.d.; Peace Paper Project, n.d.; VAP Veteran Artist Program, 2014; Veterans Book Project, n.d.; Walsh Culpepper Martin & Schmidt, 2004). The expanded definition of art therapy was also achieved by building on the AATA (2013) definition and accounting for the variety of frameworks and approaches that are being utilized, the training involved and the role of the art therapist,

and the focus of the therapeutic process linked specifically with art media and the creative process (AATA, 2013; Corey, 2009; Kapitan, Litell & Torres, 2011; Kapitan, 2012; Nolan, 2013). The results also include the conceptual framework for therapeutic art-making experiences, which addresses the objective of enhancing the therapeutic art-making process by utilizing Kapitan's (2010) structure for program evaluation and development, and the results from the participant survey and interview questionnaire. The framework can be found in Appendix D. This research was able to more clearly define the distinctions between therapeutic art-making experiences and the art therapy profession. It also enhances therapeutic art-making experiences through the provided framework.

Recommendations

Clinical application. This research can be applied to the field of art therapy by allowing for more effective practice and education through the expanded art therapy definition and the therapeutic art-making framework. Art therapy educators can use this research to help teach about what art therapy is and is not. The framework may be helpful as a tool in art therapy programs for educating students about how to define art therapy and help others understand the differences between art therapy and therapeutic art-making. The framework for therapeutic art making can also be used as a clinical tool for art therapists to evaluate their practice in comparison to therapeutic art-making experiences. Facilitators of therapeutic art-making experiences can also use the definitions and framework provided for assessing current therapeutic art-making projects, as well as developing new projects. The framework can also be used to generalize therapeutic art experiences to many different populations and communities. This may be an effective way

of introducing the arts as a potential healing agent, which could lead participants to seek more in depth art therapy treatment if needed or desired.

Future research. Further research regarding this topic may include effectiveness trials to evaluate therapeutic art-making programs with the intention of developing a more specific protocol based on the framework provided. It may also include developing measurement tools to assess the effectiveness of therapeutic art-making experiences based on the framework provided through more case studies or larger scale experimental trials. Art therapists might continue this research to expand or adapt the framework to develop art therapy groups. They may also continue research on the topic of the evolution and expansion of the art therapy profession in general. Research designs that may be most useful for these continued recommendations include systematic literature reviews that might collate more literature and information on therapeutic art making and art therapy with the intention of continual expansion. This is important for the field due to the need for more research. The framework can also be applied through the lens of art therapy researchers by conducting program evaluation and development research using the framework. Heuristic inquiry research may also be a possibility for art therapists to utilize this framework in order to evaluate personal practice and philosophies of the art therapy profession. This would allow for art therapy researchers to investigate their own practice to identify strengths and weaknesses, which would thus improve the field of art therapy.

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Tables and Figures

Table 1
Kapitan's (2010) Program Development and Evaluation Outline

Structures	**Processes**	**Results**
Physical environment	Demographics	Patient satisfaction
Available resources	Referrals	Symptom management
Equipment	Treatments	Other outcomes
	Assessments	
	Communication	

Table 2
Correlation of Kapitan's (2010) Program Development and Evaluation Criteria to the Interview and Survey Questions

Kapitan's criteria	**Interview and survey questions**
Structures	Questions 1-2 in interview Question 6 in survey
Processes	Questions 3-13 in interview Questions 1,2 & 5 in survey
Results	Questions 14-19 in interview Questions 3-4 in survey

Note. The specific questions can be found in Appendix A and Appendix B.

Table 3
Categorization of Sources Into Art Therapy Criteria or Therapeutic Art Making Criteria

	Definition of Therapy or Art Therapy	Training of Facilitator as an Art Therapist	Inclusion of Therapeutic Goals	Is The Source Considered Art Therapy Practice?
Caddy, Crawford & Page, 2012			✓	no
Combat Paper Project, n.d.				no
Glaister, 1994	✓		✓	no
Kapitan, Litell & Torres, 2011	✓	✓	✓	yes
Nolan, 2013	✓	✓	n/a	yes
Joe Bonham Project, n.d.				no
Mascarenhas, 2014				no
Peace Paper Project, n.d.				no
Pederson, 2012				no
VAP Veteran Artist Program, 2014				no
Veterans Book Project, n.d.				no
Walsh Culpepper Martin & Schmidt, 2004				no

Table 4
Correlation of Kapitan's (2010) Program Development and Evaluation Criteria to Elements in The Combat Paper Project

Kapitan's criteria	**The Combat Paper Project**
Structures	The craft of hand papermaking
Processes	Community involvement
	Participants
Results	Participant feedback
	Transformative experience

Table 5
Participant Survey Quantitative Data

Demographics	**Interactions with others**	**Facilitator roles**	**Physical environment**
17.39% veterans	91.13% felt comfortable	78.26% teacher	91.30% adequate
82.60% non-veterans	4.34% felt uncomfortable	52.17% helper	4.34% inadequate (more screens wanted)
	4.34% felt neutral	60.86% supporter	4.34% no response
		21.73% counselor	
		4.34% other unspecified	

Note. This data represents the combined demographics.

Table 6
Participant Survey Qualitative Data

How participants found out about Combat Paper	Participants experiences	What participants hoped to gain
39.13% bookbinding class	17.39% reported what they liked	52.17% wanted to learn something new
8.69% email	17.39% reported what they learned	26.08% wanted to network/interact with others
8.69% friends	30.43% reported what they contributed	17.39% wanted the experience itself
17.39% artist lecture	26.08% reported how they felt overall	8.69% no response
13.04% Herron	8.69% no response	
4.34% Facebook		
4.34% previous year		
4.34% News Weekly		
4.34% Nuvo Newspaper		
4.34% word of mouth		
4.34% Veterans Antiquities		

Note. This data represents the combined demographics.

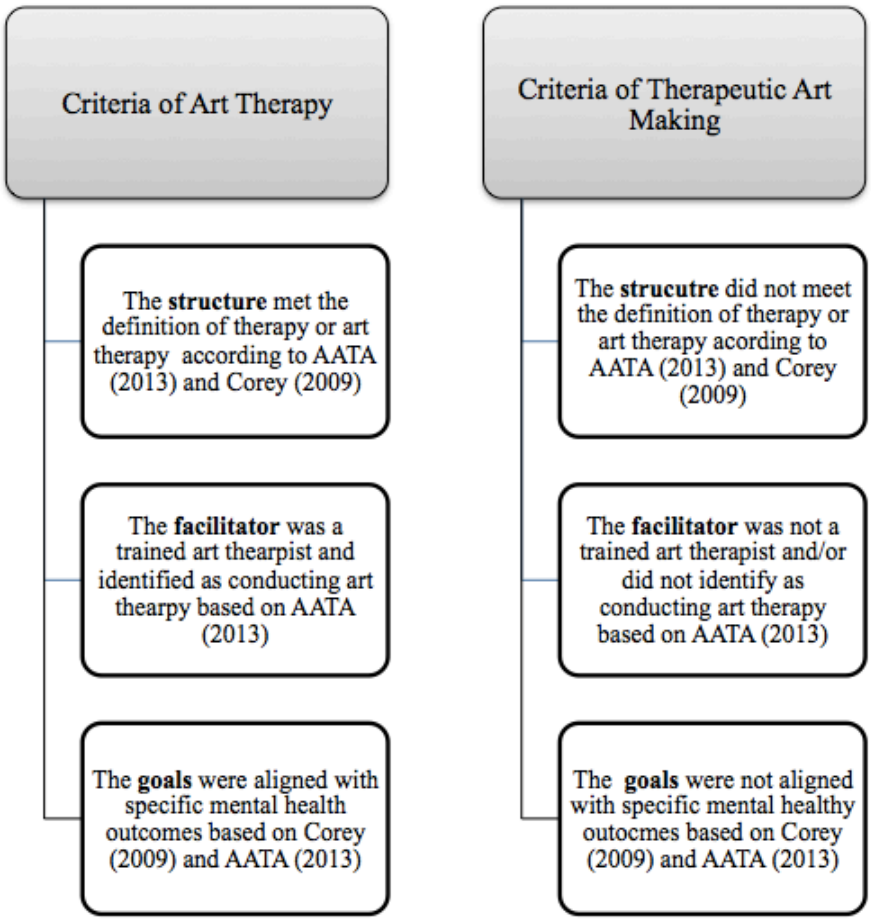
Criteria of Art Therapy
The **structure** met the definition of therapy or art therapy according to AATA (2013) and Corey (2009)
The **facilitator** was a trained art thearpist and identified as conducting art thearpy based on AATA (2013)
The **goals** were aligned with specific mental health outcomes based on Corey (2009) and AATA (2013)
Criteria of Therapeutic Art Making
The **strucutre** did not meet the definition of therapy or art therapy acording to AATA (2013) and Corey (2009)
The **facilitator** was not a trained art therapist and/or did not identify as conducting art therapy based on AATA (2013)
The **goals** were not aligned with specific mental healthy outocmes based on Corey (2009) and AATA (2013)

Figure 1. Flow chart of art therapy and therapeutic art making criteria that were used to categorize the research sources based on the structure of the study, the facilitator, and the identified goals . The criteria chosen were based on AATA's (2013) definition of art therapy and Corey's (2009) explanation of the therapeutic process.

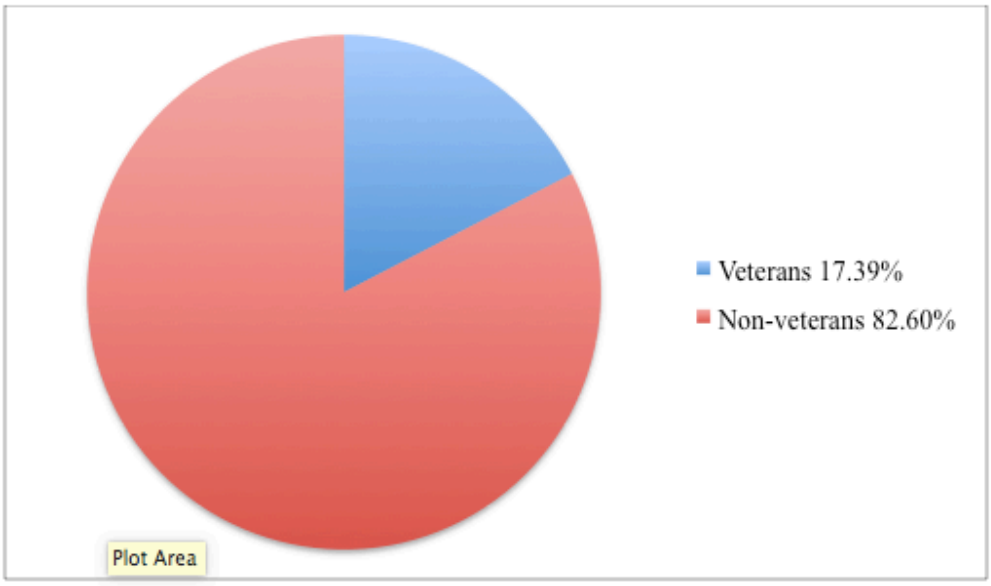

Figure 2. Pie chart depicting the demographics of the participants who participated in the survey during the Combat Paper workshop.

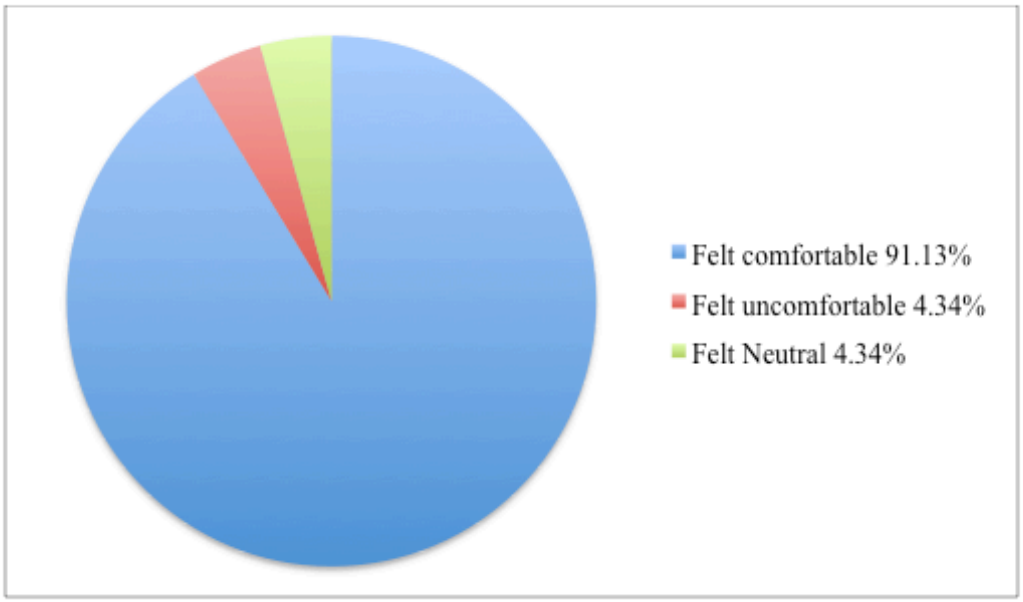

Figure 3. Pie chart depicting the survey results of how the participants felt while interacting with others during the Combat Paper workshop. This chart depicts the combined demographic.

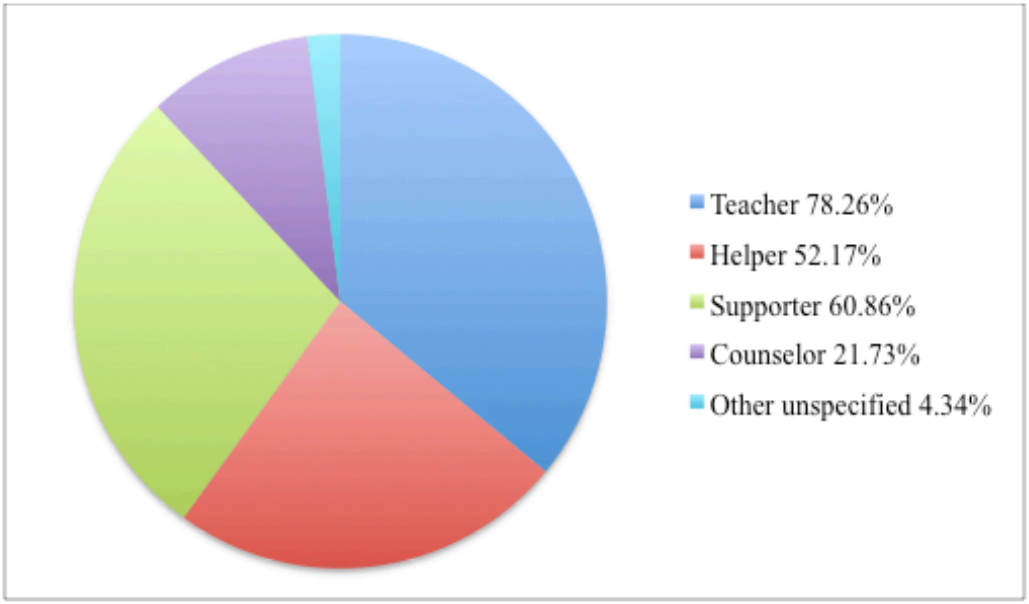

Figure 4. Pie chart depicting the survey results of how participants identified the role of the facilitator during the Combat Paper workshop. This chart depicts the combined demographic. Some participants identified more than one facilitator role. All survey responses were counted in the research.

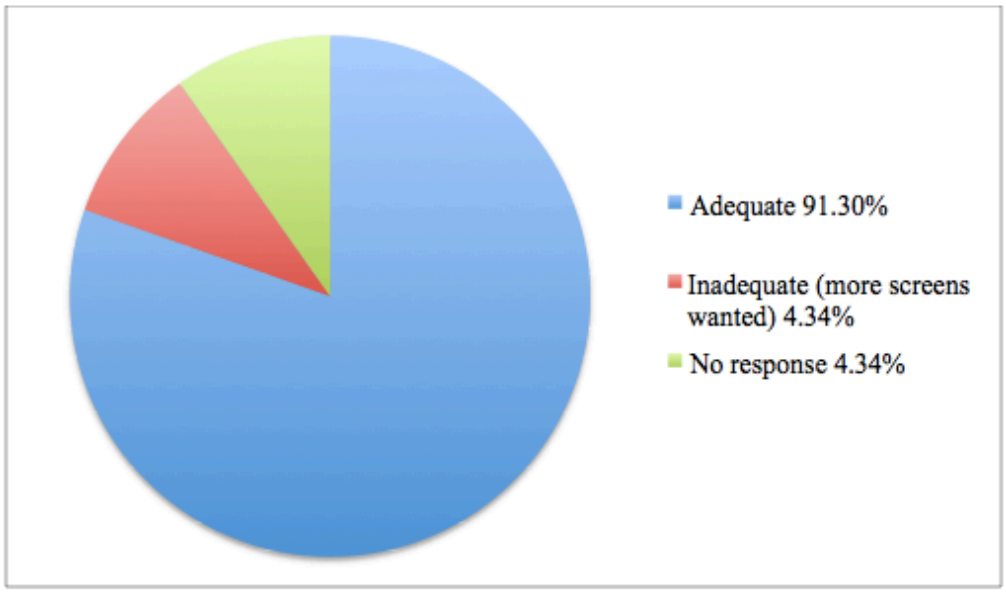

Figure 5. Pie chart depicting the survey results of how participants responded to the physical environment during the Combat Paper workshop. This chart depicts the combined demographic.

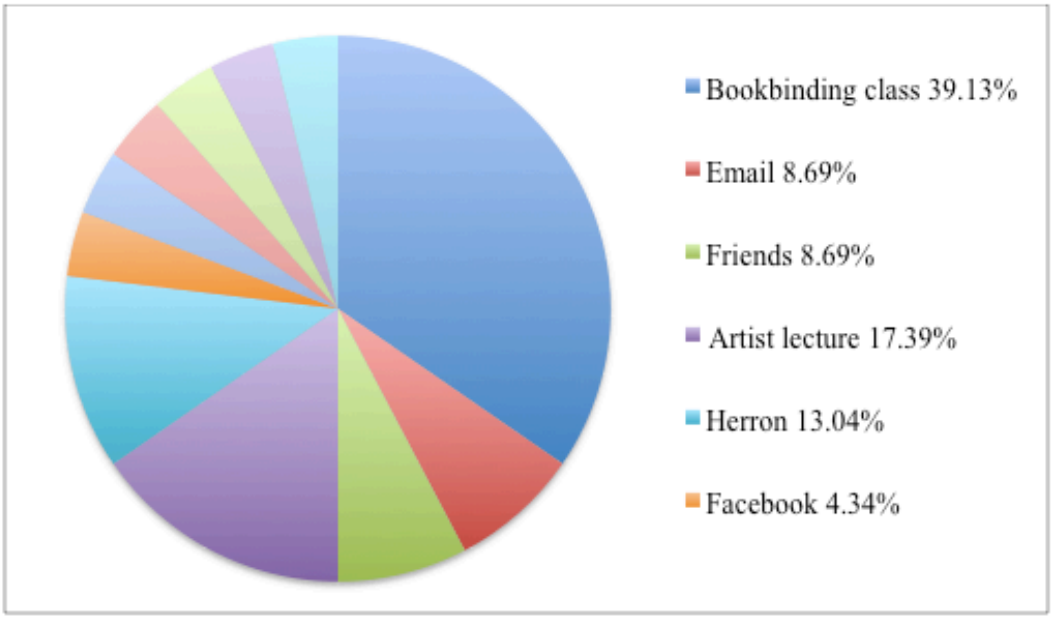

Figure 6. Pie chart depicting the survey results of how participants found out about the Combat Paper workshop. This chart depicts the combined demographic. Some participants identified more than one method of finding out about the workshop. All survey responses were counted in the research.

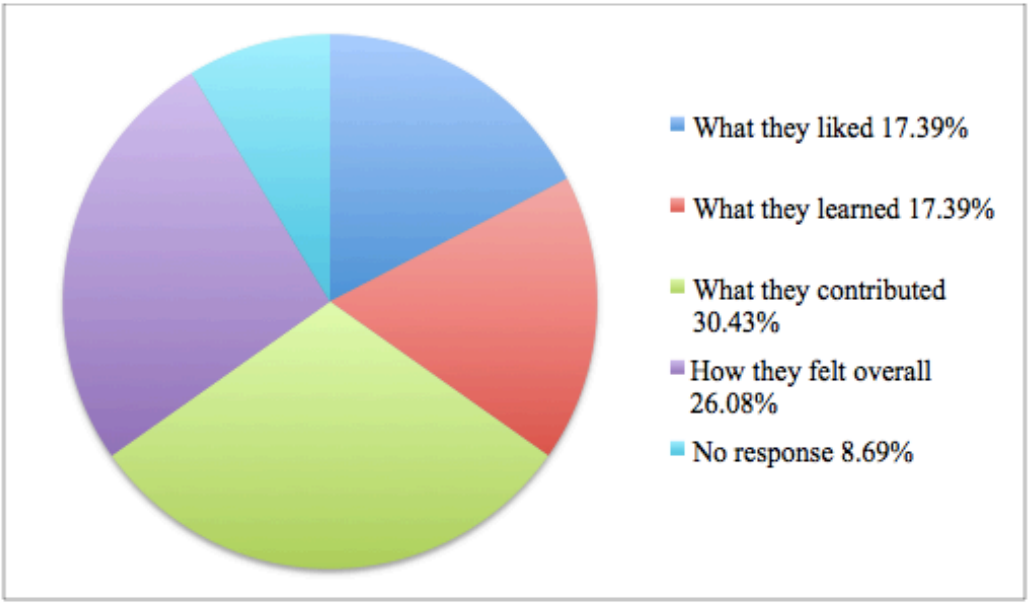

Figure 7. Pie chart depicting the survey results of the participants report of their overall experience during the Combat Paper workshop. This chart depicts the combined demographic. The participant responses were organized into five generalized categories.

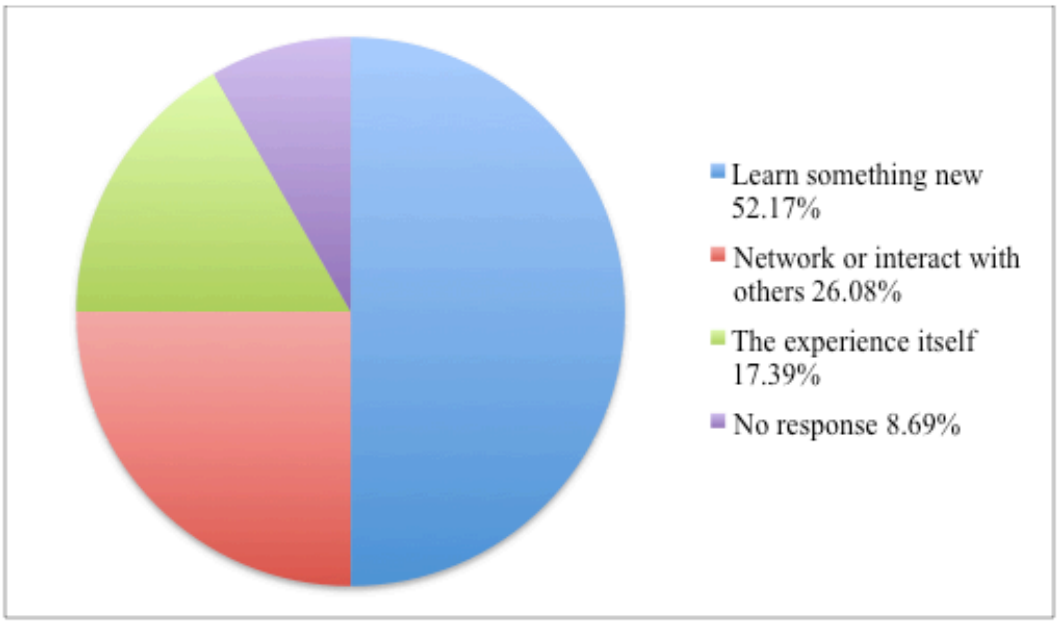

Figure 8 . Pie chart depicting the survey results of the participant reports of what they hoped to gain from the experience of the Combat Paper workshop. This chart depicts the combined demographic. The participant responses were organized into four generalized categories.

Appendix A

Participant survey

1. Are you a veteran?

Yes No

2. How did you find out about the Combat Paper workshop?

3. Briefly describe your experiences while participating in the Combat Paper workshop.

4. What did you hope to gain through this experience?

_____

_____

_____

_____

_____

_____

5. While interacting with other participants did you feel primarily:
    a. Uncomfortable
    b. Comfortable
    c. Neutral
    d. Other:

_____

_____

_____

_____

_____

_____

6. Did you feel that the facilitator of this workshop was a:
    a. Teacher
    b. Helper
    c. Supporter
    d. Counselor
    e. Other:

_____

_____

_____

_____

_____

_____

6. Was the physical environment (space, available equipment, location, structure of the workshop etc.):

a. Adequate

b. Inadequate

c. Other:

_____

_____

_____

_____

_____

_____

Appendix B

Personal interview questionnaire

1. What sort of physical environment is ideal for a Combat Paper Project workshop?

2. What sort of resources and equipment are vital/preferred?

3. What demographic are you trying to reach?

4. Are you ever in contact with people who have been referred (by anyone) to participate in a Combat Paper Project workshop?

5. How do you define success?

6. How do you assess the success of a workshop? Do you? Is there a way you address the success of the project overall?

7. Have you ever discussed the outcomes of a workshop with participants? Even though healing is not the point, how do you address it (do you) when the management of symptoms or healing of any kind IS the outcome?

8. What are the key ingredients that you believe make the Combat Paper Project successful?

9. What factors make the Combat Paper Project helpful?

10. How did you develop the program?

11. What type of training is involved for facilitators of workshops?

12. Are facilitators evaluated on their performance/methods?

13. Do you expect facilitators to conduct workshops in the same ways? What flexibility if any is there?

14. What symptoms do you see?

15. How do you manage them?

16. Do you call them symptoms?

17. What are the goals of the Combat Paper Project as defined by Drew Cameron?

18. How is success defined as a program developer versus a participant?

19. What kind of feedback do you want from participants? If you had that data how would it be useful for you?

Appendix C

Transcription of personal interview with Drew Cameron

EP: The first question I have is "what kind of physical environment is ideal for a Combat Paper workshop"

DC: I mean ideal is negotiable, because the whole premise is that its versatile and adaptable to wherever people are. It's like this idea of taking paper to the people rather than the people coming in for the process. You meet people wherever they're at. If its their backyard hanging with their neighbors, that's where they're at. If it's at a museum and its very formal and you're in an exhibition space and people are behaving differently then it's that. So ideal for me I guess is where there is going to be participation. I'm not too enthusiastic about determining physical location. It's more about like what would be the best to get the people willing and eager to participate

EP: right

DC: if I think about my own personal place that **I** want to make paper, like we're talking on the beach, its sunny out, I'm not wearing shoes, you know, etc. that's just my own personal deal.

EP: right. Yeah so for personal more of an informal thing and as far as a workshop goes, just really more participatory based

DC: Yeah. Just somewhere where people are going to feel comfortable. And if it's in a space that they're already meeting in like say in their school where they are a student then they even already have a language around it. They're already comfortable in that space, so then yeah, its just meeting people where they're at. That's most ideal for the participation to be activated.

EP: All right. Sounds good to me. So kind of along those same lines, what kind of resources and equipment are vital for a workshop to go well, or what are some of the resources and equipment that you prefer to have even if its not something that's essential

DC: Well equipment, you mean technical resources, are you talking about people with certain training to help with, you know, guiding conversation and such

EP: More of like the actual tools that you use, so for example the Hollander Beater I know is pretty vital to what you do. So kind of along those lines

DC: Right. So then ill just go down the list. So in order for a paper mill, a portable paper mill as I've derived it, sort of a bare minimum essential equipment that you need is the portable Hollander beater build by Lee Scott McDonald in Massachusetts. You need anywhere from, I'd say, three black plastic vats, two (something and something's) you need probably 40 sheets of pylon, 10 pieces of felt, three press boards, some cotton cord and clothesline pins, two folding tables, an extension cord, 4 buckets (5 gallon style), some ear protection, and water, and access to electricity and scissors, probably about 15 pairs of sharp scissors, um that's it. And uniforms obviously.

EP: Yeah. So that's kind of like the vital pieces that you cant really go without?

DC: yes

EP: is there anything that you prefer to have that's not absolutely essential?

DC: Yeah, the pulp inking kit. So what that means is a small library of stencil images, somewhere around 10. Minimum one color, and one spray bottle. Preferably more than 4 colors. And you need another black plastic vat, a rise vat for the stencil screens. Um, and then other than that, you're gravy. So I prefer to have the pulp printing kit with me and available.

EP: Yeah that definitely enhanced the experience for me so that's understandable.

DC: Glad to hear it, yeah I think that's pretty universal. So that's why I like to have it available and on hand. Really people can be pretty successful with it fairly quickly, which I think is great and appreciated

EP: Yeah definitely. So what kind of demographic are you trying to reach when you do a workshop? Is there a particular group of people, or is it kind of just a more sweeping community?

DC: yeah I think. I mean I think the particular people I'm trying to reach out to are non veterans. I think that the military community and the veteran community has always, and will continually embrace, and this project will always be relevant to them, because that kind of stuff is very close to home. The nonveteran community, for whatever reason, I think the climate in our society right now is like an inactivated sort of sympathizer. So what I mean by that is somebody who will think and consider and be moved by the plight of the military veterans, but not really have much of an idea or an inspiration, or sort of actualizing event or something that they can engage in that will help them understand and give their own perspective and meaning and experiences around the military, around warfare, around certain generational things that is so relevant and of the times in our society. So I would like to reach those folks because I want them to have those tools, I want them to have that space, I want them to engage in that dialogue, I want them to feel as though this is just as important to them as it is for those who have been in the military.

EP: Yeah definitely. Very cool. I like that a lot. And I think you are successful there.

DC: Right on. Good. Thank you.

EP: So as far as just anyone who would participate, whether it's a veteran or a non-veteran or just anyone in the community, are you ever in contact with anyone that's been referred to one of your workshops specifically? By anyone, a friend, a fellow veteran, a counselor?

DC: Yes

EP: Okay. Can you give me an example of maybe some people who have done the referring?

DC: Yes. The first thing that comes to mind is self referrals that people will write to me, and then I will ask them where they are and we will engage in correspondence, typically through email, and ill give them 'oh hey there's this programming, oh hey there's this contact, oh hey there's this happening', and then even if it's several months out, or even after that I'll say 'okay I have a tentative schedule to be in this region, this is the date, you should come.' So you know what I mean, its sort of self-referral. Does that make sense? Because they have made the initial reach out and I follow up. But also, the second thing that comes to mind is, which is most common, is teachers and instructors. So people who are going to school, their art instructors or professors or historians, whomever, have come across, read about, think about, or identify the student veteran as maybe being, maybe relating to or finding meaning in the project, and then they'll reach out and be like 'hey my professor turned me on to your work because this is what I'm studying, this is what I'm thinking about', and then that will be a way to bring them in to engage either remotely, like through correspondence or exchange, like sometimes people will send me uniforms and I'll send them back paper or it'll be like the other thing I mentioned where they're sort of like 'oh I'm in Idaho', and I'm like 'damn, well I'm not going to be in

Idaho, but I'm going be in Washington', so its like that. Those are the two probably most frequent referral types

EP: Okay, interesting. I didn't really know what to expect with that question but I thought it was one that was important so yeah, that's really cool. So next, this one is sort of a broader question, and if you'd like you can, it has to do with the success of a workshop, and if you'd like you can include a bit about maybe how you define success in general, but the question is how do you assess the success of a workshop? If you do. Do you assess the success of a workshop, and is there any way that you address the success of the project overall? I know that's kind of a broad question.

DC: I mean the success for me. I mean one of the baseline things is that I want the experience to be positive. I want it to be positive. So when someone says verbally to me that I'm thanked or that they express in some way their pride over what they've made, then I know I've been successful. And all it takes is one really, you know if there's one person who finds meaning in this work, then I'm successful. And that's been my kind of baseline gauge that's kept me energized and inspired for all these years, is that continually happens. So it sort of like nudges or points in the right direction, like 'cool, people are finding meaning out of this' and generally the experiences are positive, so it's a keep up the good work kind of deal. In terms of the overall success of the project or whatever, I mean I'm interested in adapting and pushing and reinterpreting and growing in all sorts of unknown ways, yeah that's sort of like a general success. I think about metric wise, I keep a sense of the number of workshops between the ones that I've facilitated and my colleagues who I'm in cahoots with, who I've given permission to use the Combat Paper name as an affiliate paper mill, keeping track of the numbers of workshops that are

facilitated, a general sense of how many people are reached, number of locations they have occurred, how many states, how many countries, how many exhibitions there have been, and how many public institutions own the work in their collections. So currently those numbers are 29 states, well over 125 workshops, 5 countries, 4 affiliate paper mills, well over 80 exhibitions, and 33 public institutions that collect the work. So I'd like to see that continue to grow and be modified as the opportunities arise, or as it seems most relevant both for what I'm doing in my studio practice, what I'm doing in my public art engagement practice, and as well as what the affiliate studios and my friends who are working in Combat Paper elsewhere and what they're developing and what they want to see happen. Because they have ownership over it as well.

EP: Right. So beyond just kind of the numbers, it's really just the overall positive experience and that is what fuels you to keep it going and make it grow.

DC: yeah it's really, it's quite a fun way, you know, to engage with others and hear their story and association and connection. Yeah its super real, I don't know, it seems a very real, honest way to connect with people and I just super enjoy that.

EP: Yeah definitely. So I know we've had some personal discussions about what Combat Paper is and what it isn't. And a little bit about some of the goals that you might have for a workshop. So I know that something we've talked about before is that healing isn't necessarily the point of a workshop, so my question to you is, if healing has ever been the outcome, or management of symptoms, or anything along those lines, have you ever discussed those outcomes during a workshop with a participant or with the group as a whole? If that is an outcome, even thought that's not one of the main goals.

DC: Have I ever discussed… Is it an overall goal for me in the project, No. Does it occur, yes. So it's sort of like a subtlety here. I think that is one of the very strong components of this work that is compelling for people. Continually identifying with the process in that way. Is that the intent as the facilitator? No. Does it have the capacity to do that? Absolutely. But that's for each individual to discover in their own way. That's why it is this sort of forum. You know, where one can take their own ownership in the process as I allow them to use it, right? Like 'here's this, try this, try this, try this, here is a process and a method of creating paper' you know. Distill it down to the craft and it's simple. We use these symbolic materials that are charged with biography and geography and memory, ok, you're going to take them into this process. What goes on for you physically and mentally, you know, that's for each person to discover in their own, where they're at, what they're bringing, what intent do they have coming in to it, so the more vague I become with describing the work, the stronger it is. I want the people to participate to describe the work.

EP: Definitely. I think that's one of the reasons why I thought this question was so important. Because I agree and I kind of see that happening in the workshops that I've participated in, so yeah I think that's a really important question and you addressed it well so thank you. So along those same lines, when you do see this kind of healing happening, I'm sure its more evident in some than others, what are some of the things that you see and do you ever feel like it's your job, or your duty in a sense, to recognize them or manage them?

DC: Yeah. I'm certainly recognizing and encouraging I guess is most commonly the way I'm seeing it or perceiving it is people are saying so verbally, right? They are articulating a

catharsis in some way. They're verbalizing it. And I'm encouraging it, like 'wow that's really beautiful, or thank you for sharing, that's really great', these type of positive encouragements like 'that's really neat' or 'thank you for being here'. That kind of stuff you know, like making them feel like it's safe to have that experience, because sure it is. We're all in it together, like this sort of very forward thinking, forward oriented perspective. So do I try to manage it? No. I mean, and that's interestingly never been the risk of…let me see… people often talk about this idea of like triggers, right? And risk, with mental health and all that kind of stuff, and I kind of have to laugh about it, because in my opinion, the front page of the newspaper, or the television, or advertisements, or a lot of different elements of contemporary popular culture, or media is way more belligerent than a paper workshop could ever be, so I'm like yeah, whatever, its risky, or um, not risky, is it upsetting? I almost hope so. Right? Aren't you upset? I'm upset. I'm upset. I think war and the aftermath of it and the effect of it is very upsetting. So no, I don't try and manage it, I definitely don't, but I witness it, you know, I feel as though I am a participant, facilitator, witness, comrade.

EP: That's a great point. It's actually something that we say in my schooling all the time is "life is a trigger", so you have to find your places where you can manage that and deal with that because life is risky, so what are you going to do about it?

DC: Right right right.

EP: So next I have: As defined by Drew Cameron, what are the goals of combat paper?

DC: Um. Hm. Transforming military uniforms into handmade paper.

EP: Ok. Is that the number one absolute, kind of, overarching goal?

DC: Sure

EP: Okay. And what are some key ingredients that you believe make Combat Paper so successful?

DC: Collaboration, um free, inclusive, accessible, public, ongoing, multidimensional in terms of its delivery, so imprint on the internet, through video and moving image, photographically and then artifactually, so the paper and the prints that are produced, and exchange through voice from one person to another. The handshake method as I call it. I think all of those components feed into it.

EP: Great yeah definitely. So how did you develop the program initially?

DC: Initially it was just me and my buddies making paper, and then it turned into a workshop. Well, I mean I had more experience and skillset, many years in fact, more than the people, my friends, that I was working with and sharing this with. They were all newbies, you know, they were all like first sheet of paper ever made kind of situation you know, and I'd been doing it already by that time for four years. Not the Combat Paper component, but making paper and studying the craft, so initially it was myself and the other cofounder sharing our skills that we had developed thus far with our friends, mainly other artists and veterans, and then through that process we all learned more together. And then there became this sort of small group, this core group, of energized paper making activists that conceived of the idea of spreading their knowledge outward, you know what I'm saying? So it all kind of comes back to this baseline philosophy of practicing the craft, teaching people the craft, and encouraging them to do the same thing

EP: So it really grew exponentially almost it sounds like.

DC: It has the potential certainly. I mean if I look at, there's these 4 affiliate mills, but there's also five other projects that use the same conceptual component of Combat Paper,

but call themselves something else, so in a way what I can point to is there are nine different paper making projects that work with veterans and nonveterans, use uniforms and other components that are informed directly by combat paper, and that's rock and roll, I mean its working.

EP: Yeah great. So moving on to something that actually feeds really well into that topic with other facilitators and your affiliate paper mills and stuff. Is there any type of training that you involve for other facilitators of workshops?

DC: Absolutely

EP: Okay what does that look like?

DC: Well I mean first we have to communicate well. We have to be friends, we have to be collaborators, and we have to have a history. It's not the kind of thing where somebody writes me from South Florida and says, 'I want to start a combat paper mill, what is the cost and tell me what to do', or something like that. There is much more intention behind it. And then the training that I impart is purely craft based. Everyone has their own method of teaching. Some people are more inclined to want to teach than others, so those skills and what people want to develop, you know, they take part in more subtle ways or other things, we co teach, we co facilitate, we'll go on tour together, you know, I'll take the lead of teaching paper this day, you'll do it tomorrow, you know, and then it's sort of like a peer skill share type of think. But the main training that I impart is heavy emphasis on the craft. I want people to make good paper. You know, it's really really emphasis on spending time in the mill, ok 'here's this, try this, have you done this, did you know about this', I mean there's like so much of it to get into, so when making with folks that's my emphasis, especially with other facilitators. It's so that they can get better at and they can

know the rules, and then they can know how to break them when they have to, to feel accomplished you know, getting people through a workshop, teaching them things on the fly, masking when things break, problem solving, so that's really what I focus and emphasize, but in terms of how people bring in what their intention or what their particular facilitation method is, that comes back to, I can already sense that these folks have, that we already have a rapport, and trust and communication level. There's not a mystery behind this person where I don't think I can trust them to act on behalf of Combat Paper and I won't be proud of them. You know, we all are very conscious of the reputation, and proud of it, so it's, you know, a group effort. .

EP: It sounds almost like maybe a shadowing or an apprenticeship process with a personal relationship.

DC: Man you know if we had a bigger budget, there would be probably a yearly retreat for us. We would all get together and shop it out, hang out, catch up, you know, do work, and etc. etc., and that would be like the continual skill share component.

EP: So do you have any way, or do you guys as a group agree on any ways that all of you can be evaluated or make sure that you stick with what you described as being so important, really focusing on the craft. Is there any way that you evaluate that?

DC: Do we have any way that we can be evaluated?

EP: Yeah. Or even anything informally that you guys have agreed as a group of facilitators that you evaluate on a semi regular basis?

DC: I don't know if evaluate is the right term. I guess it is. I think we all sort of like reflect, and um reflect and catch up, and we do it once a year.

EP: Okay great. Yeah that's definitely, I think that falls under the realm of evaluating, and reflecting I guess is a good word too.

DC: Yeah. We do it more remotely over the phone, but once a year we are together with the intention of we are going to meet and quote talk shop, you know? We're going to get into it. We each have our own agenda and things we want to cover, and it's generally like a whole day mixed in with great food, and yeah, that's once a year.

EP: Awesome. So if you had data available to you. So as you probably remember I did a survey of the participants at the workshop in Indianapolis, and I was wondering that if you had access to feedback like that, what you'd be looking for or what kind of feedback would you want from the participants of one of your workshops? And if you had that data available to you, do you think that it would be useful?

DC: Oh absolutely. I mean I would immediately think of like 'what was your favorite part' because then I could think ok cool, I can start to get somewhat of rhyming idea of 'oh yeah you should develop that more or always include this component' or whatever, so I would want to know like, what was the best part for an individual, why, and then the other thing is, I would want some critical feedback, so like what didn't go as… or what would have been a better thing to communicate about, or what caught you off guard that you didn't expect, or which part was too slow, or, you know, I'd want a critique, so then there's sort of like 'okay, remember to be concerned about this component'. I mean especially if there starts to be a trend between the comments. You know, if it's a reoccurring thing, if it's one person who's like 'I didn't like how my fingers hurt when I cut with scissors' I'm going to be like 'okay yeah I understand' but I'm going to disregard it because that's just part of the situation, whereas if it's a lot of people like 'yo I was *so*

hungry all day, it was terrible', then I'd be like okay, I need to, part of my bringing everybody in in the beginning of the day is going to be talking about the logistics around getting a meal, you know, that kind of thing. So um yeah, I would want the best and the worst I guess would be two really main things that I would want in the information in terms of a feedback form. Beyond that, I'd want demographics. I want to know how people perceive their military connection. I would argue that everyone is connected to the military and I want to know if that comes out, and if people feel as though they have that. So yeah, I would want demographics in the sense of what I generally ask folks is 'where are you coming from' or 'what brought you in here today'. So those general questions I would also want feedback on, because you can take that a lot of different ways.

EP: Oh yeah definitely. And did you get a chance… you got a chance to look over the survey that I provided right?

DC: I did yes, you sent it to me because you wanted to make sure there weren't any problems with it.

EP: Right. So actually part of what I'm going to be doing for my thesis is coding that information based on common themes that I see, and that will definitely be shared with you at some point. I hope for research in the future, beyond what I can do, so that some of those questions can be answered for you, and if you're willing to take it in that direction of course.

DC: Oh sure. Feedback forms are great, I think they're really smart.

EP: yeah they're definitely great. I haven't had a chance to go through all of them yet, but I've read some of them, and we've gotten some really great feedback and really interesting information, so I'm excited to continue on with it and see what everyone had to say. And I

am very thankful for the opportunity, and for you allowing me to talk to you and really get involved with the workshops. It was a great experience for me personally, and also as a researcher and a professional.

DC: Right on. That's great.

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EP: So that's about all the questions I had for you. Are there any questions you have for me?

DC: When's you're... when's it all coming together for you this season?

EP: So, I will be graduating in May, so my thesis will be done by early May.

DC: Will you be able to provide me with a copy of it?

EP: Absolutely I will.

DC: Good. I want it if possible in print.

EP: Yeah for sure.

DC: So if you would, it would be cool if you printed it and then signed it.

EP: Yeah I can give you a bound copy. I'm pretty sure one of our requirements is that it has to be bound, so yeah.

DC: Brilliant. I would like that, I would prefer that. And that will then also go into the archive.

EP: Wonderful. I can definitely arrange that, and as soon as I get this recording converted onto my computer and saved I will send you a copy of that as well.

DC: Very good. And if there's anything else that comes up, or that you space out on, just hit me up on the email and we'll see if I can't get it to you.

EP: Yeah definitely. If I go through this and have some more questions then we can definitely keep in touch. And same for you, if you have any questions or anything just email me.

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Appendix D

Therapeutic art-making conceptual framework

The Structure of the Project

- Environment- where the project takes place
    - The environment must meet the minimum needs of, and be appropriate for the participants and project. Project facilitators will define the minimum needs based on what is necessary to complete the project.
    - The environment should be accessible, comfortable, and adaptable.
    - The environment can be assessed based on the project/participant needs in a formal or informal way
- Resources- what the facilitator/project needs
    - The available resources must be enough to complete the project
    - The available resources should consider practicalities such as electricity, meals, facilitator help, and other essentials.
    - The available resources can be listed if possible
- Equipment- what the participants need
    - The provided equipment/materials and amount of equipment/materials must be adequate in meeting the minimum requirements for successfully completing the project.
    - The provided equipment/materials should consider the essential tools, apparatuses, materials, quantities needed, and any equipment/materials that are preferred but not essential.

    - The provided equipment/material can be listed and sorted into essential, and nonessential/preferred categories, including numbers or quantities needed if possible.

- Facilitator- who runs the project
    - Role
        - The facilitators must not take the role of a therapist or counselor (see definitions section)
        - The facilitators role should be informal while still upholding structure, such as general teaching or supporter
        - The facilitators role can be outlined in writing if necessary
    - Qualifications
        - Facilitators must be knowledgeable about the project
        - Facilitators should consider what knowledge and skills are needed in order to guide the participants through the process
        - Needed qualifications of a facilitator can be listed if possible
    - Assessment- how are facilitators standards upheld?
        - Facilitators of a project must be assessed in some way by project developer, other facilitators, or outside observer to be sure they are upholding project standards.
        - Assessment may be formal or informal
        - Assessments can be conducted in regular time intervals if possible

The Processes of the Project

- Demographics- the target population
    - The target population(s) must be identified and outlined
    - The target population(s) should coincide with the goal of the project and the needs of the population(s)
    - The target population(s) and the goals of the project can be compared for compatibility if possible.
- Treatment- how the project is conducted
    - The process of conducting the project must be inclusive of and accessible for participants.
    - The process of conducting the project should encourage engagement, participation, and communication among the participants.
    - The process of conducting the project can be outlined in steps if possible.
        - Goals- what are the goals of the project
            - The goals of the project must be clearly outlined and cannot be therapeutic in nature (see definitions section)
            - The goals should be achievable in one workshop and communicated to participants
            - The goals can be written in a mission statement if possible.
- Communication- how the project is delivered to others
    - The purpose of the project must be defined and delivered to possible participants

- The purpose of the project should be delivered in a succinct, informative, and multidimensional way
- The purpose of the project can be delivered through the Internet, video, photographs, word of mouth, and any other methods of communication

The Results of the Project

- Participant satisfaction- how the results are understood through participant satisfaction
  - The participants experience must be communicated in some way
  - The participants experience should be documented and evaluated in some way
  - The participants experience can be evaluated and documented in either a formal or informal way
- Symptom management- if healing occurs in the non-therapeutic environment
  - Symptoms that may arise cannot be processed or managed by facilitators
  - If symptom management is an outcome, facilitators should be supportive
  - Facilitators can make a plan for how to appropriately respond to symptom management if it occurs